

City of Meriden Health Equity Assessment Report - 2019



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City of Meriden Department of Health and Human Services

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Overview

The city of Meriden, part of New Haven County, is centrally located in the state of Connecticut. It is home to 60,200 residents. The average household consists of approximately 3 people. 21% of households contain at least one person under the age of eighteen and 27% contain at least one person over the age of sixty-five. The median age of Meriden residents is 42.5.

Approximately 53% of Meriden's population identify as female and 47% identify as male. About 82% of residents identified as White, 10% as Black or African American, 2% as Asian, and 0.1% American Indian or Alaska Native. Additionally, approximately 4% identified as some other race and 2.5% identified as two or more races. 24% of individuals also identified as being of Hispanic origin. Approximately 22% of residents spoke a language other than English at home. The most common language spoken was Spanish (United States Census Bureau, 2017). Other common languages spoken include Polish, Spanish Creole, and Italian (DataUSA, 2017).

The mission of the Meriden Department of Health and Human Services (MDHHS) is "to protect health, prevent disease, and promote the health and well-being of all persons in Meriden." The Department offers a variety of programs and services with a goal of improving community health outcomes. However, it is important to know the needs of the community in order to determine if current services are working or if additional services are required. In order to do this, the MDHHS worked with Desiree Rondeau, MPH candidate, conducted an assessment of health equity in the city. This assessment helped the Department identify what the social influencers of health are in the community, what health inequities exist, why they exist, who may be impacted, and to make recommendations to improve the health status of Meriden residents.

What is Health?

While many people may think of health as not being sick, it actually means much more than that. According to the World Health Organization, health is defined as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (1948)." This definition aims to encompass the various aspects that influence health. Health is a central human right and the government has a responsibility to promote the health of its citizens by providing health and social services (World Health Organization, 1948).

What is Health Equity?

The American Public Health Association states that health equity is the opportunity for every individual to obtain high levels of health. Health equity is important because health is a human right and it ensures that everyone has access to the resources they need to improve their health, no matter who they are. This is done by removing barriers such as poverty or racism that can have a negative impact on one's ability to achieve health (American Public Health Association, n.d.).

Looking at health from the lens of health equity allows progress to be made in advancing health outcomes and the quality of life overall. This will benefit not only residents of Meriden, but also the state and the country as a whole.

Currently, the United States ranks 43rd in the world for average life expectancy at birth. This is well behind many other developed nations, and many of the reasons have to do with a lack of health equity. For example, there is an up to seven-year difference in life expectancy between several racial and ethnic groups. In order to further advance the nation's health and improve its ranking for average life expectancy, everyone needs the opportunity to obtain the resources, they need to thrive and reach a high level of health (American Public Health Association, n.d.).

The term equity is different from equality. Health *equality* provides everyone with the same resources, no matter what. This may not be beneficial to everyone, since different individuals may have different needs. Health *equity* recognizes the fact that people may be starting out in a different place or have different needs. The goal of health equity is to provide people the resources they need to obtain high levels of health (Milken Institute of Public Health MPH Staff, 2018). Figure 1 provides a visual representation of the differences between equality and equity. In this example, 3 individuals are observing a baseball game. When each individual is treated equally, they all get a single box to stand on to help them view the game. When they are treated equitably, it is understood that they all are different heights and require different resources to view the game. Each individual is given the number of boxes they need to be able to adequately see over the fence.

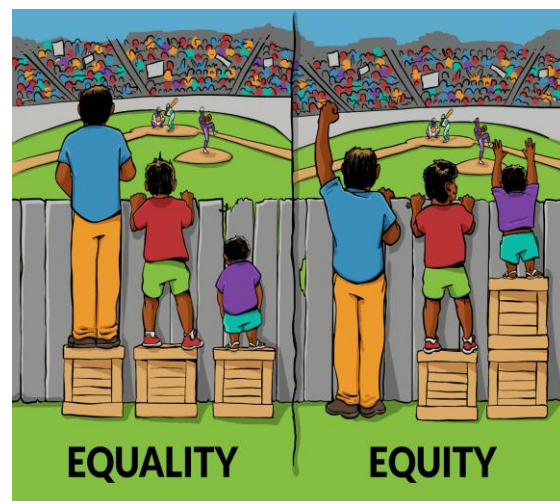


Figure 1: Equity vs. Equality

(Interaction Institute for Social Change, 2016)

Methods Used to Determine Inequities in Meriden

The main goal of this assessment is to determine possible health inequities in the City of Meriden and identify who is affected by them. This allows MDHHS to determine the needs of different members of the community and recommend evidence-based programming, interventions, and community partnerships to address those needs.

This report examined quantitative data from 2013 to 2018. Earlier data was not examined because of the possibility of communities undergoing significant changes during this time; meaning older data would be outdated and no longer representative. Secondary data originated from a variety of sources, including the US Census Bureau, DataHaven, and DataUSA. Data were analyzed using Meriden census tracts where possible. Whenever possible, data were compared to Connecticut and New Haven County. Examining data from a variety of sources allowed us to gain a better understanding of what was happening in the city.

Qualitative data was collected by conducting interviews with community partners. Interviews were held in June and July 2019. Community partners are listed in the Appendix K. Each interview was transcribed and coded for themes. A summary of themes can be found later in this report.

A variety of social influencers of health and health outcomes were examined in this assessment, such as income, insurance coverage, and the prevalence of certain chronic health conditions. Each of the factors that were examined can have a great impact on both individuals and the community as a whole.

What are Social Influencers/Determinants of Health?

According to *Healthy People 2020*, Social Influencers of Health (also known as Social Determinants of Health) are “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (United States Department of Health and Human Services [US DHHS], 2019).

The place someone lives, works, and goes to school can have an immense impact on one’s health and contribute to health inequities. Areas that factor into social influencers of health include economic stability, education, society and the community, health and health care, and the neighborhood and built environment. Some examples of social influencers of health include neighborhood safety, access to quality schools, access to healthcare including primary or preventive care, access to quality housing and healthy foods, poverty, or discrimination (US DHHS, 2019).

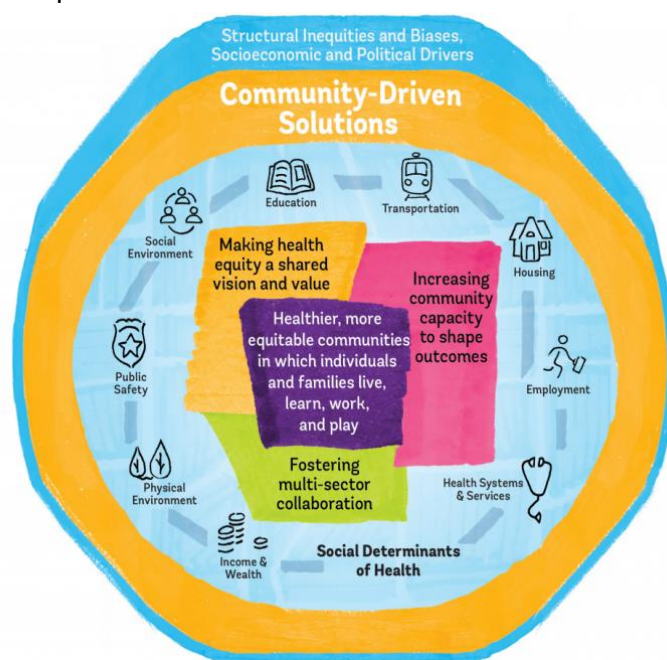


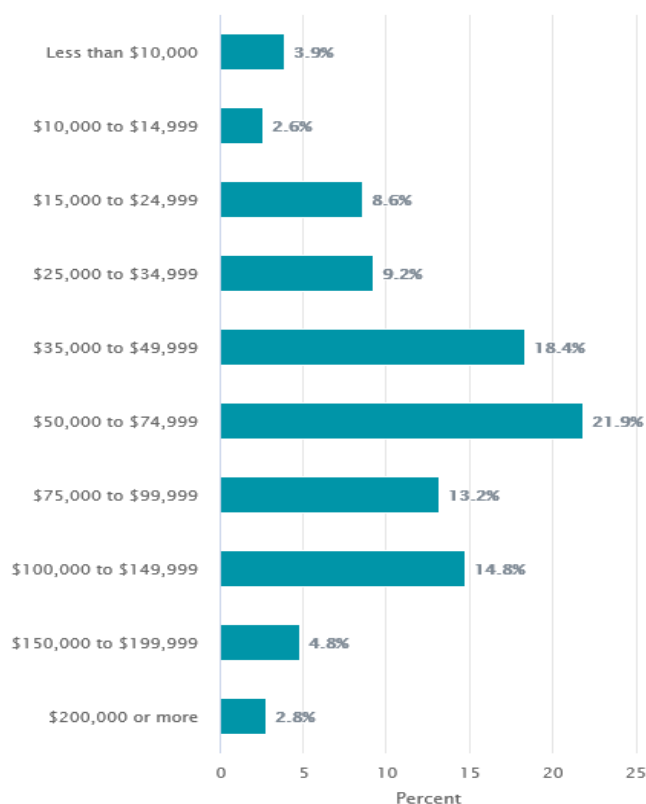
Figure 2: Social Determinants of Health (National Academy of Medicine, 2019)

There are health disparities and inequities that impact the area in which someone lives. Communities of opportunity have the goal of eliminating these disparities by providing opportunities to communities that have historically lacked them and by connecting people to preexisting opportunities. A value is placed on ensuring the quality of life and health outcomes of all citizens improves (Powell, Reece, Rogers, & Gambhir, 2007). By improving the conditions where people spend their time, people's opportunity to obtain a higher level of health will also improve, and health outcomes will be more equitable. Meriden's social influencers of health will be discussed further in the next sections.

Economic Stability

Median income is defined as the level of income at which half of the households in the location being observed earn more and half earn less (Lander, 2018). Income can influence one's health and quality of life. A household is deemed low-income if their income is less than 200% of the federal poverty level (Acs & Nichols, 2006). Studies have shown that compared to high-income adults, adults who are low-income are three times more likely to have a limited ability to perform daily activities such as getting dressed or bathing themselves due to the effects of chronic illness. Children who are low-income are at an increased risk of health problems now and during their adulthood (Chokshi, 2018).

According to the United States Census Bureau, the United States has a median income of \$57,652 (United States Census Bureau, 2018). The median income for Connecticut as a whole is \$73,781 and is \$64,872 for New Haven County (DataHaven & Siena College Institute, 2019). The median income in Meriden is significantly lower than that of the state, at approximately \$57,350, with approximately 4% of households earning below \$10,000 and 3% earning \$200,000 or more (DataHaven & Siena College Institute, 2019). 75% of households received earnings from employment during the years of 2013 to 2017, 31% received Social Security, and 20% had other retirement income that was not Social Security (United States Census Bureau, 2017). Appendix A of this report depicts income by census tract.



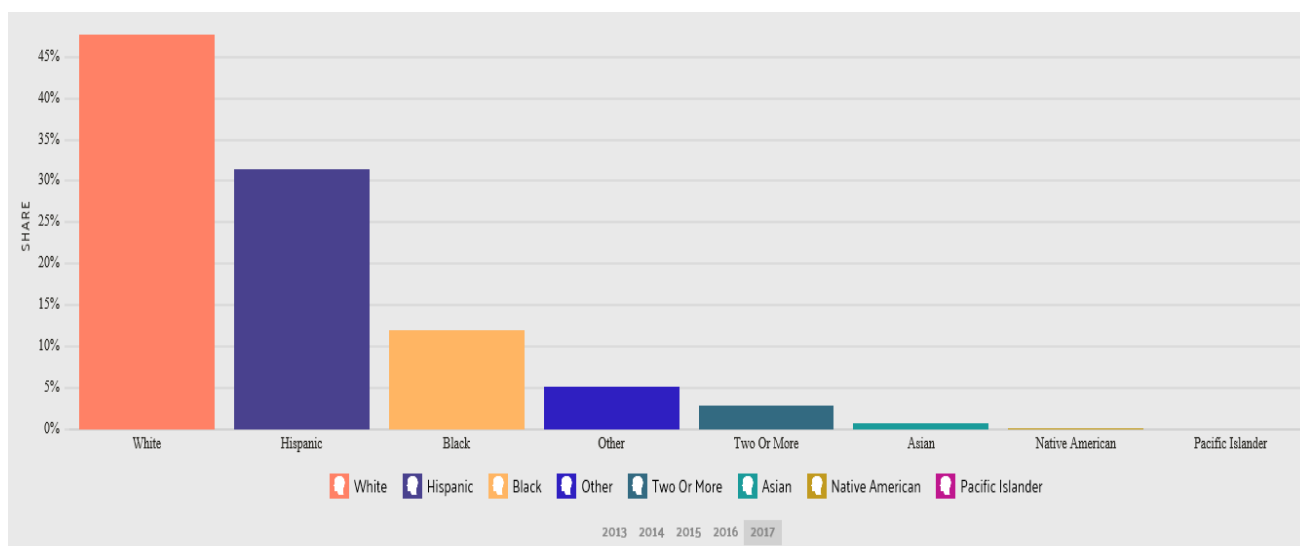
Graph 1: Household Income in Meriden, CT in 2013 to 2017 (United States Census Bureau, 2017)

Poverty

The United States Census Bureau sets poverty thresholds based on income, family size, and family composition. If a family's total income is below the threshold, they are considered to be living in poverty. A person's poverty status can have a direct impact on their health. Studies have shown that individuals with lower income are disproportionately affected by health problems and that poverty has been linked to poor health outcomes. Poverty can affect a person's ability to access healthcare, the types of food they can afford to eat, their educational attainment, and the quality of the home they live in. Many individuals who are facing poverty forego health care because they are uninsured or cannot afford their copays. The areas they live may be hazardous or polluted, leading to additional health problems (Simon, n.d.). In fact, poverty has been linked to chronic conditions such as diabetes and mental health disorders, as well as problems such as low birth weight (Majerol, 2017).

Almost 11% of Meriden residents live below the poverty line (United States Census Bureau, 2017). This compares to a poverty rate of 12% in New Have County (DataUSA, 2017).

Approximately 18% of children under the age of eighteen and 5% of individuals over the age of sixty-five lived below the federal poverty level between the years 2013 to 2017. Additionally, in 2013 to 2017, nearly 28% of Meriden households received food assistance in the form of SNAP (the Supplemental Nutrition Assistance Program) and approximately 25% of these households had children under the age of eighteen. 28% of households receiving SNAP had an adult aged sixty or over. Almost 27% of these households had two or more workers in the past year. An estimated 23% of all households receiving SNAP were families with a female as the head of household. An estimated 27% of households receiving SNAP contained two or more workers in the past 12 months (United States Census Bureau, 2017).

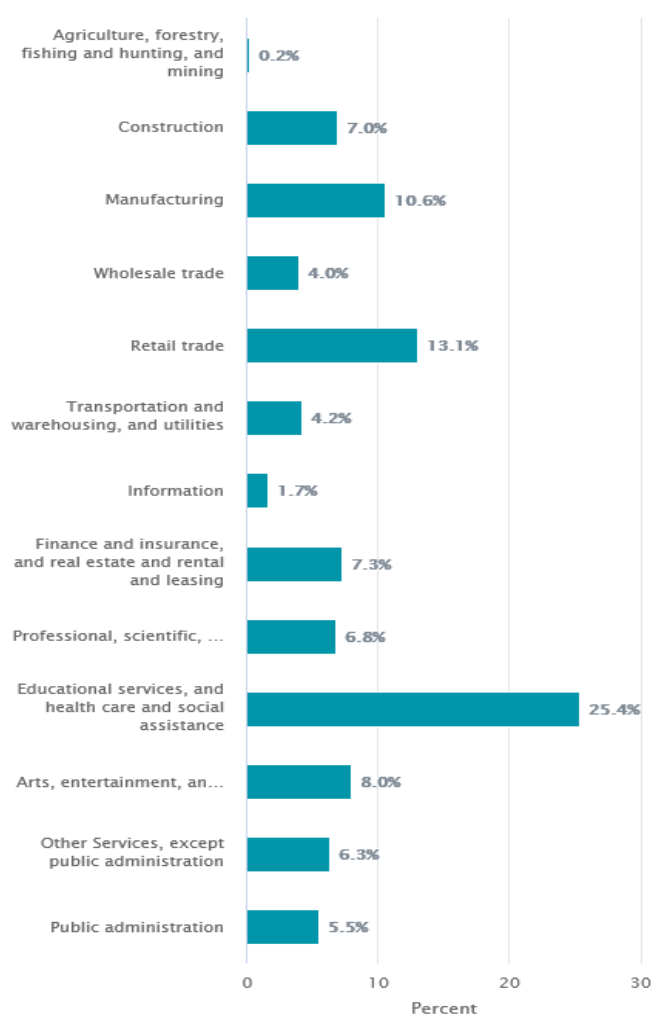


Graph 2: Poverty by Race and Ethnicity in Meriden, CT in 2017 (DataUSA, 2017)

Employment

An individual's employment status can have an impact on their health. Individuals who have well-paying jobs are usually better able to obtain the resources that promote their health, such as a home in a safe neighborhood, quality food, an appropriate education, or health services. On the other hand, individuals who have been laid off from work are more likely to face poor health outcomes, such as heart disease or stroke. Other individuals are classified as "working poor," meaning they are employed but still struggle with financial challenge. These individuals are less likely to have jobs that provide insurance coverage and may also be less likely to access preventive care services (Robert Wood Johnson Foundation, 2013).

The conditions of an individual's workplace can also impact their health. According to the



Graph 3: Industries worked in by residents in Meriden, CT in 2013 to 2017 (United States Census Bureau, 2017)

Robert Wood Johnson Foundation, individuals who are employed in the private sector report almost three million nonfatal workplace illnesses or injuries each year (2013). Over half of these are severe enough to cause missed work, job transfers, or restrictions (Robert Wood Johnson Foundation, 2013).

From 2013 to 2017, approximately 59.5% of Meriden residents age 16 and older were employed. Almost 80% of these individuals were private wage or salary workers, 13.5% worked for the federal, state, or local government, and 6% were self-employed in their own business. The breakdown of the industries residents worked in can be found in the graph to the left. The most common industry worked in was educational services and healthcare and social assistance, followed by retail trade (United States Census Bureau, 2017). This was comparable to New Haven County. During 2013 to 2017, approximately 60% of residents of New Haven County were employed. 81% of these individuals were private wage or salary workers, 13% worked for the federal, state, or local

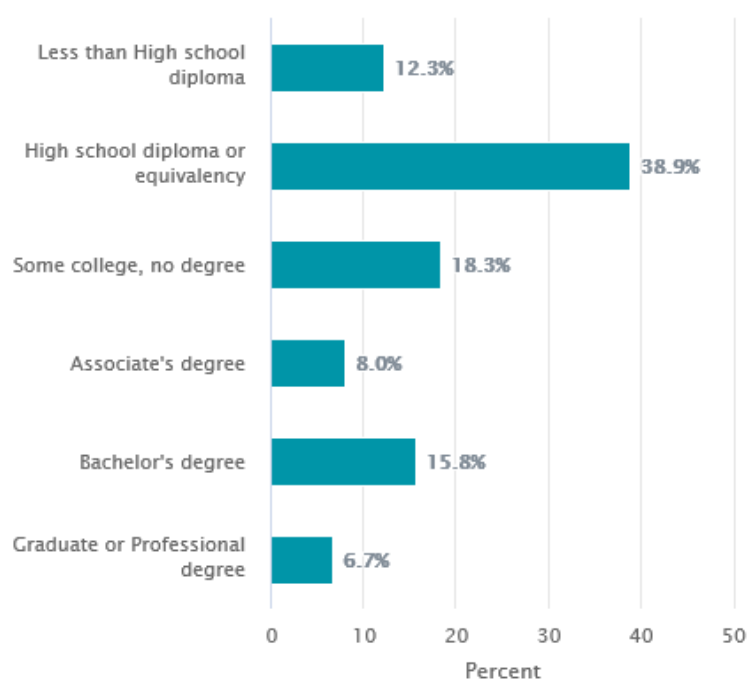
government, and almost 6% were self-employed in their own business. The state of Connecticut had similar statistics (United States Census Bureau, 2017).

The Asset Limited, Income Constrained, Employed (ALICE) Threshold defines households that have an income above the Federal Poverty Level but less than the basic cost of living for a location. In Meriden, 51% of residents are ALICE. This is significantly higher than Wallingford, with an ALICE of 36%. The ALICE for the state of Connecticut is 30% (United Way of Meriden and Wallingford, n.d.)

Even if someone is employed, they still may not earn enough income to thrive. The household survival budget is the minimum required for a household to live and work. This budget does not reflect savings. A single adult must earn a minimum of \$14.45 per hour and have an annual income of \$28,896 to survive. A household with two adults, one infant, and one preschooler must earn a minimum of \$40.18 per hour and have an annual income of \$80,364 to survive. This was above the 2016 Federal Poverty Level for a family of four of \$11,880 for a single adult and \$24,300 for a family of four (United Way of Meriden and Wallingford, n.d.).

Education

It has been shown that individuals with fewer years of education tend to have poorer health



Graph 4: Educational Attainment of residents in Meriden, CT in 2013 to 2017 (United States Census Bureau, 2017)

outcomes. For example, people with more years of education are more likely to get a higher-paying job, allowing them to access more resources. People who have more years of education are also more likely to have lower levels of stress and larger social networks than those who have fewer years. Additionally, individuals with fewer years of education may be less likely to understand their health needs and may not be able to communicate with their providers as well. Individuals with more education are more likely to engage in behaviors that promote their health. People with

fewer years of education are more likely to live in low-income neighborhoods that may lack nutritious food, safe places to exercise and play outdoors, higher levels of crime, or pollution.

All of these factors can contribute to poor health outcomes (Virginia Commonwealth University, 2015).

A majority of Meriden residents (88%) have obtained a high school diploma or its equivalency. Another 12.9% have less than a high school diploma. Graph 4 breaks down the educational attainment of residents in Meriden between the years 2013 to 2017 (United States Census Bureau, 2017). The four-year graduation rate of Meriden students during the 2016-2017 school year was 75.7%, up from 69.6% during the previous year (Connecticut State Department of Education, 2017). Appendix B depicts educational attainment in the city.

There were 7,933 students enrolled in the Meriden Public School system during the 2017-2018 school year. Of these, approximately 52% were males and 48% were females. Approximately 30% of students were white, 11% were Black or African American, 2% were Asian, and 3.5% identified with two or more races. Additionally, 54% of students identified as Hispanic. Approximately 15% of students were English learners. 20% of the students enrolled had a disability. In comparison, in the state of Connecticut as a whole, approximately 48% of students were female and 52% were male. Approximately 54 percent of students identified as white, which is significantly more than in Meriden. Additionally, 13% of students identified as Black or African American, 5.1% were Asian, 0.1% identified as Pacific Islander, and 3% identified as two or more races. 25% of students identified as Hispanic or Latino, 8% were English learners, and 15% had a disability. These numbers are all significantly lower than the population of Meriden (Connecticut State Department of Education, 2019).

Connecticut's Next Generation Accountability Reports indicate how well a school district prepares its students to be successful in the future. This report contains a set of twelve indicators that holistically looks at the performance of the school district. The table below

Indicator		Index/Rate	Target	Points Earned	Max Points	% Points Earned	State Average Index/Rate
ELA Performance Index	All Students	62.2	75	41.5	50	83.0	67.6
	High Needs Students	58.0	75	38.7	50	77.4	57.5
Math Performance Index	All Students	56.7	75	37.8	50	75.6	62.7
	High Needs Students	52.9	75	35.3	50	70.6	52.0
ELA Academic Growth	All Students	62.4%	100%	62.4	100	62.4	60.7%
	High Needs Students	60.4%	100%	60.4	100	60.4	55.6%
Math Academic Growth	All Students	63.7%	100%	63.7	100	63.7	61.9%
	High Needs Students	61.2%	100%	61.2	100	61.2	55.4%
Chronic Absenteeism	All Students	15.1%	<=5%	29.7	50	59.5	10.7%
	High Needs Students	17.6%	<=5%	24.8	50	49.5	16.6%
Preparation for CCR	% Taking Courses	66.8%	75%	44.5	50	89.1	74.8%
	% Passing Exams	17.7%	75%	11.8	50	23.6	44.8%
On-track to High School Graduation		88.1%	94%	46.9	50	93.7	87.5%
4-year Graduation All Students (2017 Cohort)		75.7%	94%	80.5	100	80.5	87.9%
6-year Graduation - High Needs Students (2015 Cohort)		74.4%	94%	79.2	100	79.2	81.8%
Postsecondary Entrance (Class of 2017)		55.9%	75%	74.5	100	74.5	70.9%
Physical Fitness (estimated part rate) and (fitness rate)		98.4% 46.7%	75%	31.1	50	62.3	96.6% 50.1%
Arts Access		53.5%	60%	44.6	50	89.1	51.2%
Accountability Index				868.6	1250	69.5	

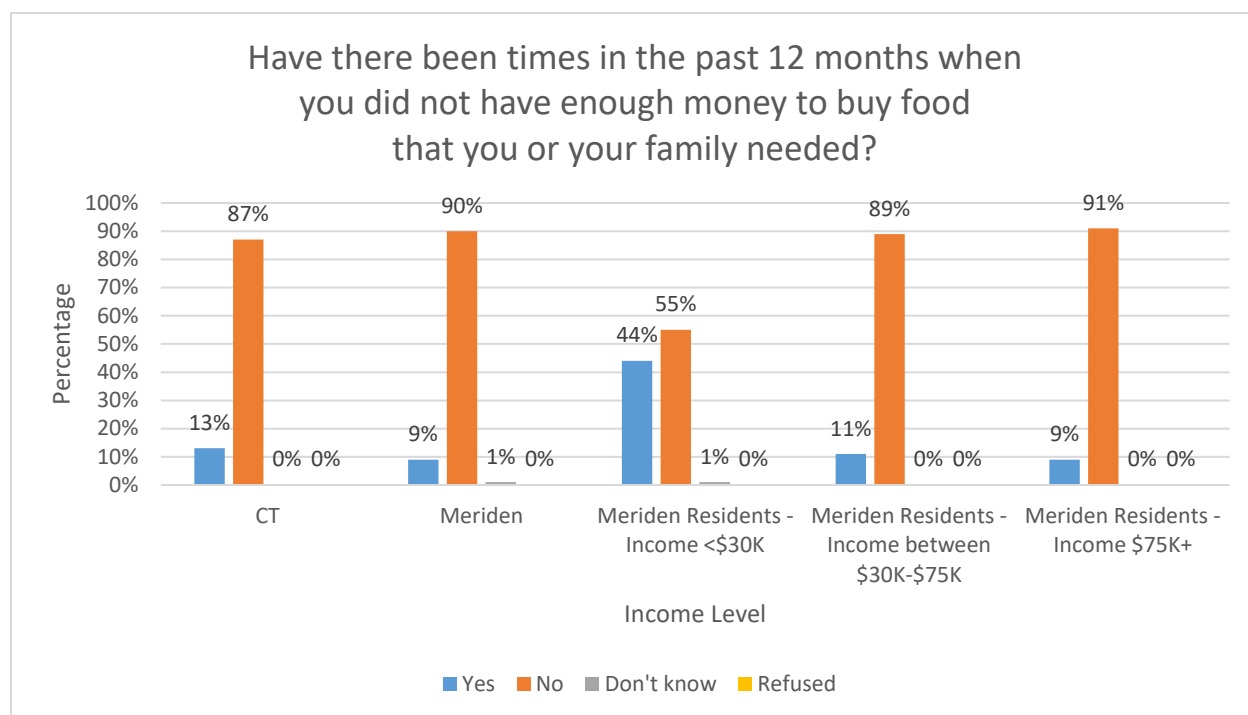
indicates Meriden School District's performance in comparison with the target goals and the state average.

Food Insecurity

Healthy People 2020 defines food insecurity as “the disruption of food intake or eating patterns because of lack of money and other resources (US DHHS, 2019). Many factors influence food insecurity, such as income, race/ethnicity, and the neighborhood one lives in. Communities that do not have access to affordable, healthy foods are often called “food deserts” (US DHHS, 2019). Food insecurity can lead to a variety of poor health problem, chronic illness, and obesity in both adults and children. Food insecure children are also at an increased risk of developmental and mental problems (US DHHS, 2019).

According to the United States Department of Agriculture's Food Access Research Atlas, individuals living in Meriden's Census Tract 1706 reside in an area where the nearest supermarket is one mile away or farther. Individuals living in Census Tracts 1708, 1715, and 1711 reside in an area where greater than one hundred housing units do not have access to a car and the nearest supermarket is one half mile away or father (United States Department of Agriculture, 2017). See Appendix C for a visual representation. Residents in these census tracts may have a difficult time accessing healthy food options because these foods are not available in their communities. In the 2018 Community Wellness Survey, 34% of Meriden residents surveyed stated that the “availability of affordable, high-quality fruits and vegetables” was either “fair” or “poor” (DataHaven & Siena College Institute, 2019).

Even when healthy food is available, people may struggle to afford it. In the 2018 Community Wellness Survey, 17% of Meriden residents surveyed reported that there were times in the past twelve months where they did not have enough money to buy food that they or their family needed (DataHaven & Siena College Institute, 2019). The graph below depicts the percentage of people who report not having enough money to buy food based on income. 44% of individuals with an income of less than \$30,000 reported having times where they did not have enough money to purchase food (DataHaven & Siena College Institute, 2019). Additionally, approximately 25% of residents receive SNAP, also referred to as food stamps (Statistical Atlas, 2018). See Appendix D to see a map of food stamps by census tract in Meriden.



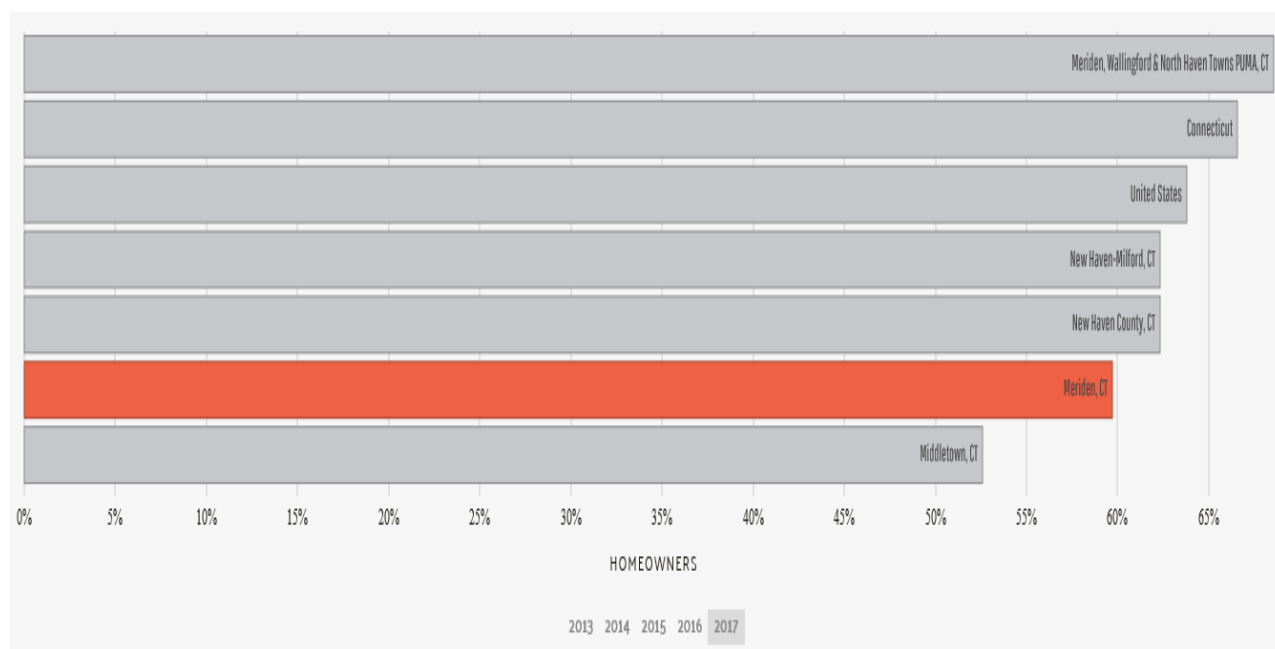
Graph 5: Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed? (DataHaven & Siena College Institute, 2019)

Fortunately, there are some assets that help Meriden children and parents access food. All Meriden schools offer free breakfast and lunch to their students during the school year. Additionally, a summer food program operated by the Board of Education during the summer provides a lunch to children and their parents at several locations throughout the city.

Housing

Since most Americans spend 90% of their time inside, two thirds of which is inside their homes, housing can have an immense impact on someone's health. When housing is inadequate, it can lead to injury and chronic disease and even impact child development (Braveman, Dekker, Egerter, Sadegh-Nobari, & Pollack, 2011).

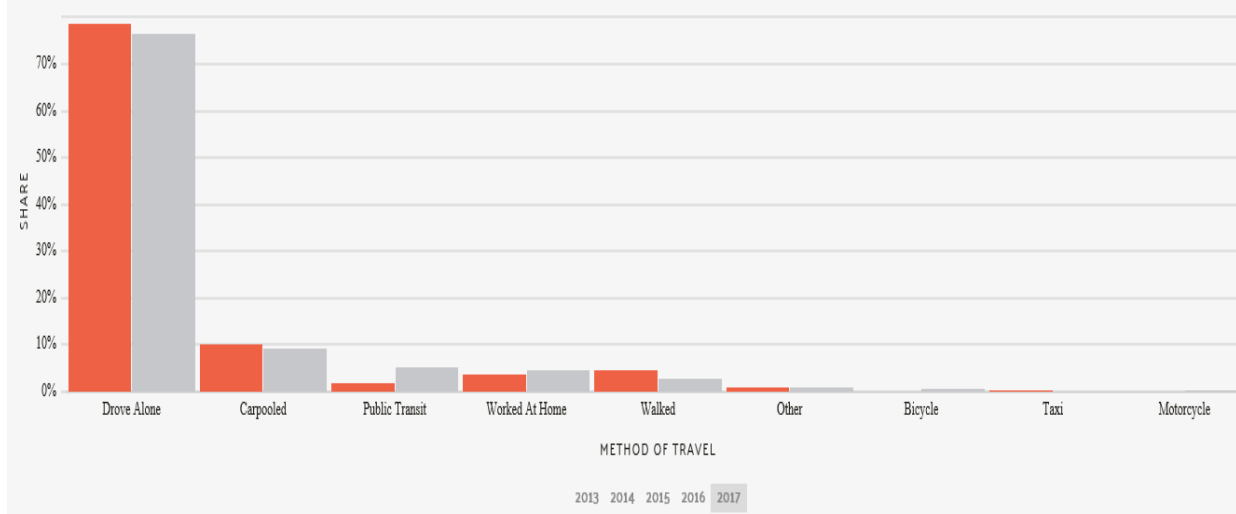
In Meriden, the median property value in 2017 was \$173,100. This declined from 2016, where the median property value was \$174,800. 59.7% of residents owned their own home in 2017, which is lower than the national average of 63.9% (DataUSA, 2017). The chart below provides a comparison of the percentage of individuals who own homes in several Connecticut locations. Additionally, according to the 2018 Community Wellness Survey, 44% of individuals who did not own their own home reported having a problem with their house or apartment that they felt needed to be fixed, such as a leak or a broken appliance (DataHaven & Siena College Institute, 2019).



Graph 6: Percentage of Individuals who are Homeowners in Meriden Compared with Other Locations
(DataUSA, 2017)

Transportation

Access to transportation is important. A good transportation system enables residents to travel to medical appointments, grocery stores, work, and other locations in the neighborhood. In Meriden, about 40% of households own two cars and 23% own one car. Additionally, a majority of residents reported driving alone to work between 2013 and 2017. Graph 7 details the ways individuals commute to work. The orange color represents Meriden while the gray depicts the United States (DataUSA, 2017).



Graph 7: Methods of Travel for Meriden Residents (DataUSA, 2017)

Even though many individuals own cars, a public transit system is still essential to a large number of residents. The Meriden bus system is run by the North East Transportation Company in Waterbury, CT. The normal bus fare is \$1.75, but seniors and individuals with disabilities are able to get a discounted rate of 0.85 cents. Most places in Meriden are covered by this system, but there are no bus routes that travel north of Sherman Avenue. This results in no bus access to the Berlin Turnpike. Additionally, there is not a direct line to Waterbury, so individuals traveling to the city must wait until the 2:00pm shift change to do so. There is also no way for riders to track the location of the bus on the route, meaning it can be difficult to tell when the bus will arrive.

While Meriden's transportation system allows residents to travel to various parts of the city and surrounding towns, the scheduling can make it difficult for everyone to get to where they need to be. Buses run from 6:30am to 5:00pm, meaning individuals may have a difficult time getting to and from work or after-hours appointments. Additionally, while there are services provided through the Americans with Disabilities Act (ADA), these services are only provided within three quarters of a mile from the fixed route's scheduled service. Many medical providers refer their patients to specialists outside of the city and there is no guarantee that there will be a direct bus route to that provider's office. Therefore, individuals with disabilities, elderly, and others who do not drive may have a difficult time attending medical appointments or working at jobs that do not hold regular hours.

The Meriden Senior Center provides medical transportation for seniors as well as individuals who are under the age of sixty and receive Supplemental Security Income. In-town medical transportation is provided via the Senior Center's mini-bus transportation program. The Senior Center, through an Area Agency on Aging grant, subcontracts with an agency to provide out-of-town medical appointments. On average, the Senior Center provides approximately 2,500 rides

per year for in and out of town medical services. They also receive a grant from the Department of Transportation that supports the transportation program. These are one-way trips throughout Meriden not including medical appointments, and can include trips to the hairdresser, restaurants, to and from the Senior Center, or other locations throughout Meriden. This transportation service conducted 1588 one-way trips between July 2018 and May 2019.

Both medical and general transportation services are affected by weather. The Senior Center follows the Meriden Public Schools when deciding whether to issue closings or delays. Therefore, if Meriden Public Schools are closed for a weather event, the transportation program is suspended, and individuals are unable to receive transportation to appointments or throughout the city. School delays or early closings do not affect the program.

Public Safety

Public safety can impact the health of the individuals living in a neighborhood. Individuals may find themselves the victim of a crime or be a witness to one. They may also hear about crimes from others residing in the neighborhood. Not only can crimes cause injury and destruction of property, but they can also impact the perceived sense of safety for individuals in the neighborhood. Young people who experience crime are more likely to face poor behavioral and mental health outcomes later. Adults may see an increase in risk-taking behavior such as substance use or risky sexual behavior. Additionally, experiencing crime may make individuals feel too uncomfortable to visit public areas such as parks or other recreational areas (US DHHS, 2019).

Meriden saw 2,478 arrests in 2017. The most common offense was simple assault (Federal Bureau of Investigation, 2017). The neighboring town of Wallingford saw 923 arrests for all offenses during the same year. See Appendix H for arrests in Meriden by offense in 2017.

Tobacco Use

Approximately 480,000 people die each year from smoking-related diseases. Smoking accounts for approximately 90% of all lung cancer deaths and 80% of all deaths from Chronic Obstructive Pulmonary Disease (COPD). Smoking can also lead to stroke, heart disease, other cancers, and other medical conditions (American Lung Association, 2019). Many individuals have turned to using electronic cigarettes (vaping) as an alternative to smoking. However, these products are still relatively new and therefore their possible health effects have not been fully reviewed by the Food and Drug Administration. Studies have shown that the two main ingredients in electronic cigarettes, propylene glycol and vegetable glycerin, are harmful to the body's cells. Other ingredients may cause lung injury and illness (American Lung Association, 2019).

According to the 2018 Community Health Survey, forms of traditional smoking such as cigarette smoking are declining in Meriden. For example, the percentage of adult males who reported smoking every day dropped by 14% from 2013 to 2017 (DataHaven & Siena College Institute, 2019). However, the use of electronic-cigarettes has increased across the state, including in individuals under the age of eighteen. According to the 2017 Student Core Measures Survey

Report, 8.9% of students in Meriden between grades seven and twelve reported vaping in the past thirty days. The results were especially high in individuals between the eighth and tenth grade (Goldstein & Sapere, 2017). The table below depicts vape use by seventh through twelfth grade students in Meriden.

30-day Prevalence of E-cigarette Use ("Vaping") by Grade in Meriden, CT in 2017 (in Percent) (Goldstein & Sapere, 2017)			
Grade	Percent Used in Past 30 Days	Used 1-5 Times	Used 6+ Times
7th	6.4	5.4	1
8th	10.6	8.4	2.2
9th	11.5	7.7	3.8
10th	10.4	7.4	3
11th	6.9	4	2.9
12th	5.8	3.6	2.2
Overall	8.9	6.3	2.6

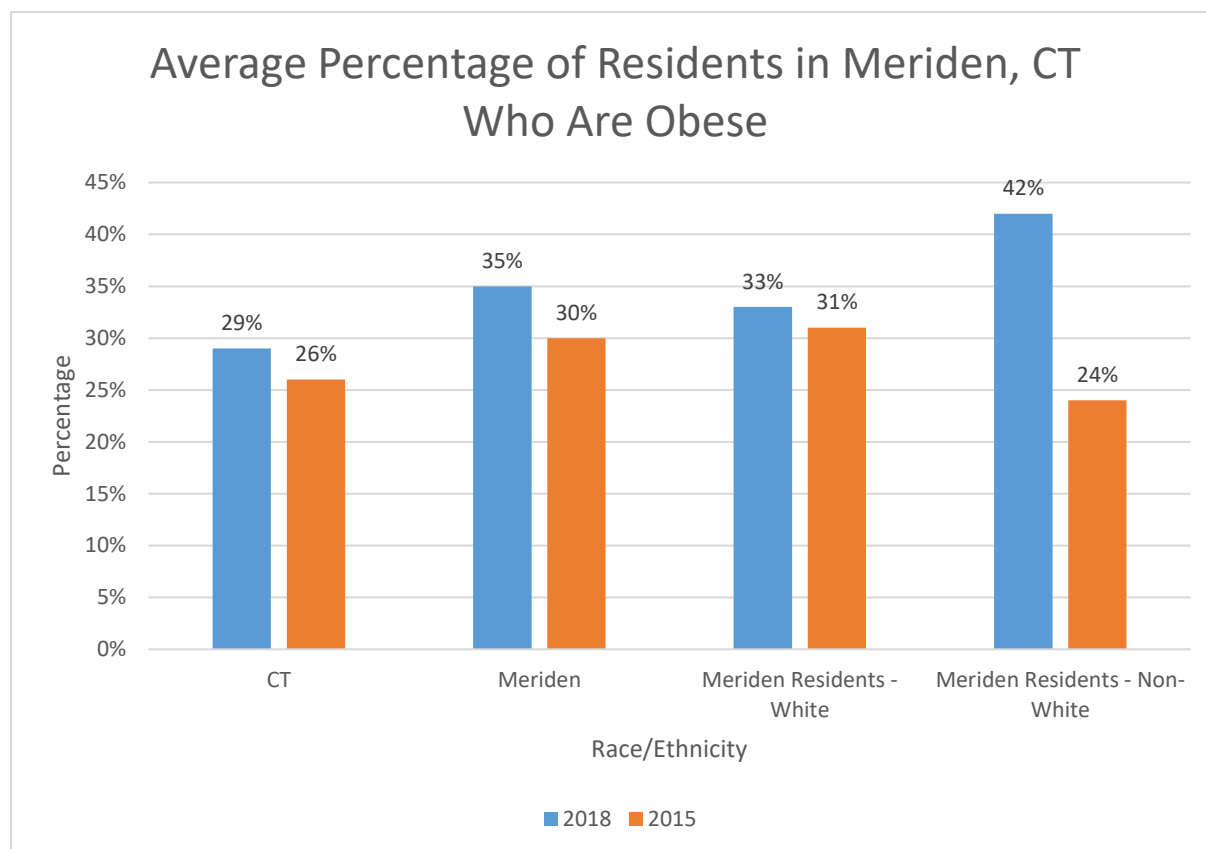
Table 3: 30-day Prevalence of E-cigarette Use ("Vaping") by Grade in Meriden, CT in 2017 (in Percent)
(Goldstein & Sapere, 2017)

Effects of Social Influencers of Health

Obesity

Obesity is a condition in which individuals have excess body fat and their Body Mass Index is 30 or higher. Being obese can lead to a variety of health conditions like heart disease, diabetes, and hypertension (high blood pressure). The main causes of obesity are a lack of physical activity and unhealthy eating patterns. Various factors contribute to these behaviors. For example, individuals may not be able to afford nutritious foods or live in a food desert, or the areas they live in may not be safe for physical activity. These factors may make it difficult for someone to manage their weight (Mayo Clinic, 2015).

According to the 2018 Community Wellness Survey, an average of 35% of Meriden adults are obese, which is higher than the state average of 29%. This was an approximately 5% increase from 2013. The rates of obesity were greatest in individuals who did not identify as white. An



Graph 8: Average Percentage of Residents in Meriden, CT Who Are Obese (DataHaven & Siena College Institute, 2019)

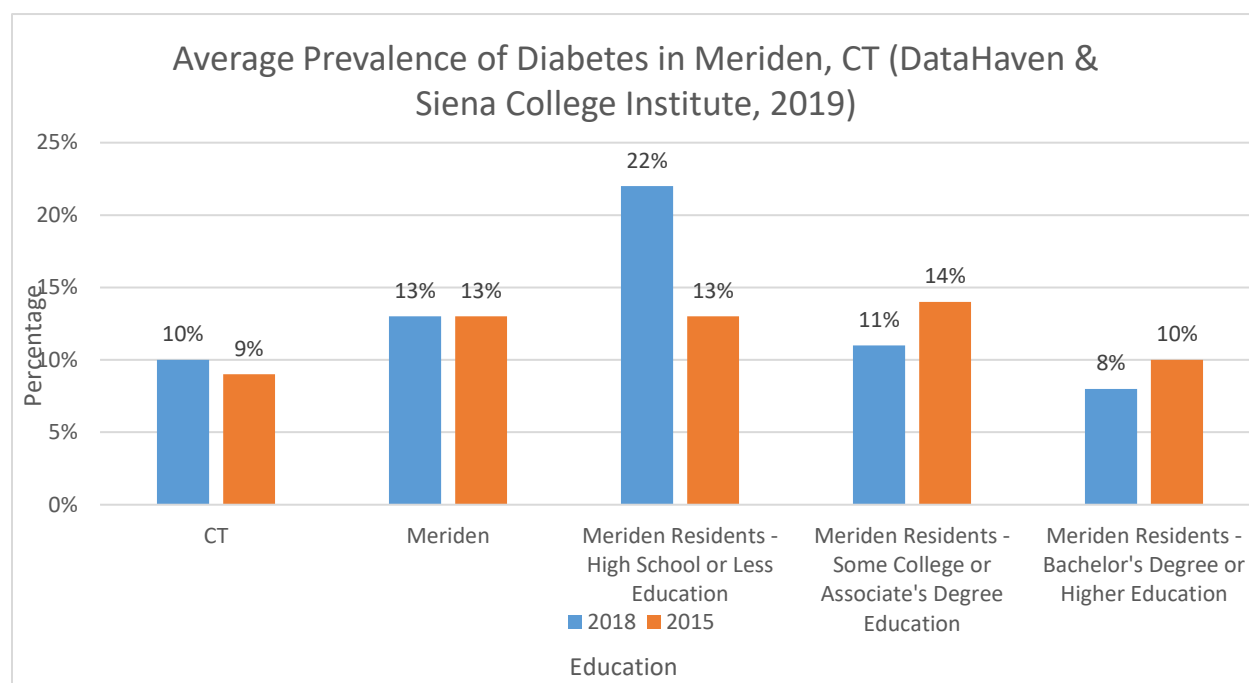
average of 42% of individuals who did not identify as white were obese in 2018, compared with 24% in 2013 (DataHaven & Siena College Institute, 2019).

Diabetes

Diabetes is a disorder that impacts the way one's body uses a type of sugar known as glucose. Glucose is an important source of energy for the body. When someone has Type II diabetes, their cells become resistant to insulin and their pancreas cannot make enough insulin to accommodate this, so the glucose builds up in the bloodstream. Diabetes can lead to complications such as heart disease, nerve damage, foot damage, and eye problems. Therefore, it is important for someone to prevent diabetes from developing or manage it if they have already been diagnosed. There are several factors that place someone at risk for developing diabetes including a lack of exercise and being overweight or obese (Mayo Clinic, 2018).

The 2018 Community Wellness Survey asked its respondents if they have ever received a medical diagnosis of diabetes. An average of 13% of Meriden residents reported having a diabetes diagnosis compared with the state average of 10%. The prevalence of diabetes in individuals who received a high school education or less was 22%, which was a 9% increase from 2013. Additionally, the prevalence of diabetes was 11% in those who received some

college education or obtained an Associate's Degree, and 8% in individuals who obtained a Bachelor's Degree or higher (DataHaven & Siena College Institute, 2019).



Graph 9: Average Prevalence of Diabetes in Meriden, CT (DataHaven & Siena College Institute, 2019)

Access to Care

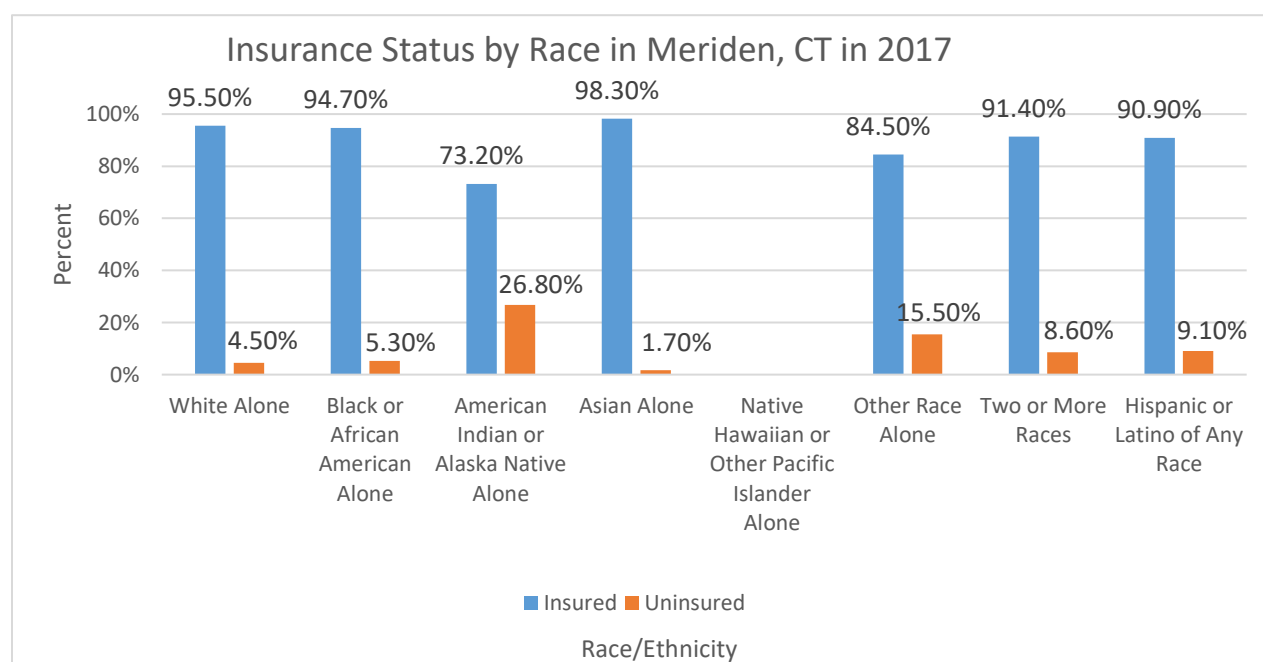
People need adequate access to care in order to prevent disease and promote health. This also allows diseases to be treated early and health conditions to be properly managed. Access to health care reduces the rate of premature deaths and disability. The three focus areas are insurance coverage, health services, and timely care. In order to access care, individuals must enter a healthcare system, which normally happens via insurance. Then, they must locate health services and find a healthcare provider. Individuals who do not have proper access to care are more likely to have poor health outcomes, get diagnosed later, and die earlier compared to those who are readily able to access health services (US DHHS, 2019).

Meriden is home to MidState Medical Center, a hospital that is member of the Hartford Healthcare system. This is a 156-bed hospital that has been open since 1998. It provides individuals from Meriden and surrounding towns a wide variety of services such as emergency medicine, surgery, birthing, and more (MidState Medical Center, n.d.). Its convenient location makes it a critical community asset. Other important resources include the Community Health Center, which serves approximately 16,000 patients per year at its Meriden location and provides a variety of services such as primary care, dental care, OBGYN services, behavioral health services, and more (Taylor, 2019). Another community resource is Rushford, a clinical

provider that offers mental health and substance use services. Meriden also has its own ambulance service, Hunter's Ambulance, which provides emergency services to Meriden residents and assistance to emergency personnel in other towns. Emergency calls get directed from the main 911 system to ambulance dispatch for service. A variety of other organizations work diligently to meet the needs of community members. These entities are valuable assets that can have a great impact on improving the health of the residents of the city of Meriden. They also have the potential to form valuable partnerships to increase the scope and impact of their programs.

Insurance

Approximately 95% of Meriden residents reported having insurance coverage between the years 2016-2017. The most common source of healthcare coverage was through an employer at 52% of residents. 20% of residents received Medicaid, 12% received Medicare, 10% received non-group coverage, and 0.759% received coverage through the military or VA. Overall, the number of individuals who reported being uninsured decreased by 20.3% during these years, from 6.36% to 5.07% (DataUSA, 2017). Of those who completed the survey, approximately 95.5% of Meriden residents who identified as white alone, 95% of Black or African American residents, 73% of American Indian or Alaska Native residents, 98% of Asian residents, 84.5% of residents of other races and 91% of those who identify with two or more races reported being insured. Additionally, almost 91% of people identifying as Hispanic or Latino had insurance. Note that the sample size of residents who identified as Native Hawaiian or other Pacific Islander alone was too low to report (DataUSA, 2017). The graph below depicts insurance status in Meriden by race/ethnicity for the year 2017.



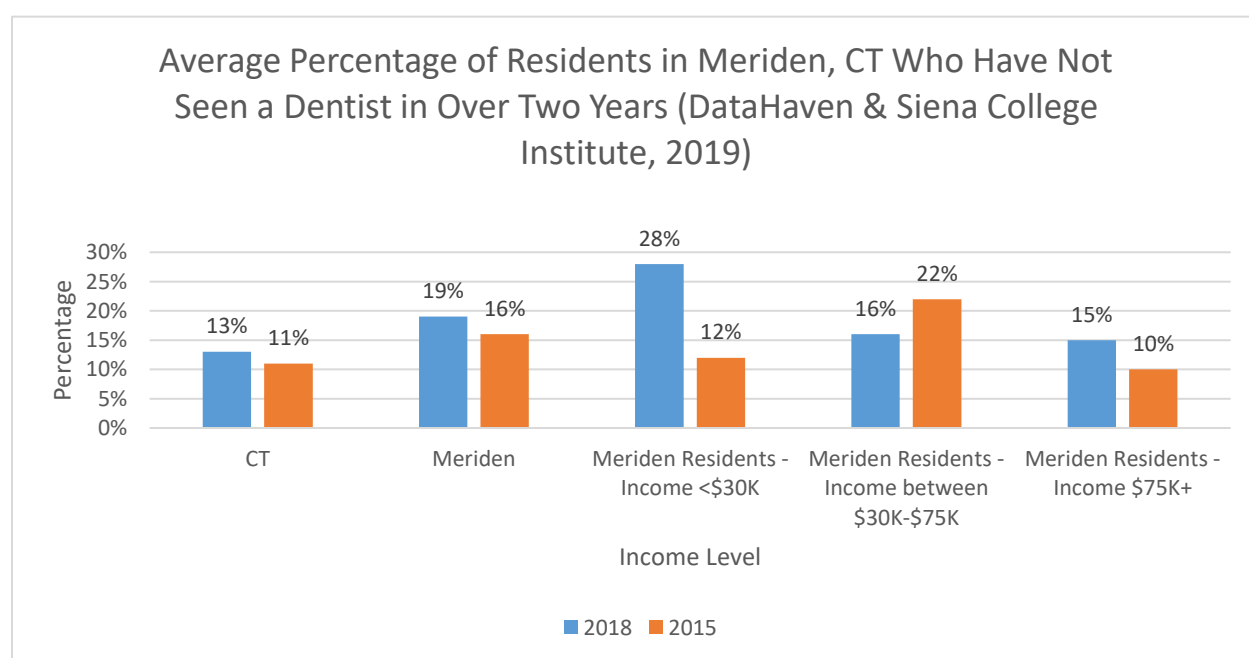
Graph 10: Insurance Status by Race and Ethnicity in Meriden, CT in 2017 (United States Census Bureau, 2017)

Access to prescription medication is also often governed by one's insurance status. In 2018, 10% of Meriden residents reported that there were times in the past twelve months where they needed prescription medications and were unable to get them because they could not afford them. This remained stable from 2015. In Connecticut, 9% of individuals reported being unable to purchase their needed prescription medications in the past year in 2018, and 8% reported this in 2015. When individuals forego their needed medications, they are more at risk of negative health outcomes.

Dental Care

Oral hygiene can have a significant impact on an individual's overall health. Proper oral hygiene such as tooth brushing and flossing can prevent bacteria in the mouth from leading to tooth decay. However, poor oral hygiene can lead to problems in other parts of the body as well, such as heart problems, respiratory infections, and complications during pregnancy and childbirth. (Mayo Clinic, 2019). Scheduling routine dental checkups and cleanings is one way to prevent oral health problems. The American Dental Association recommends visiting the dentist at least one to two times a year (American Dental Association, n.d.). However, due to access issues such as affordability, not everyone may be able to see a dentist regularly.

While most respondents of the 2018 Community Wellness Survey reported that they have seen a dentist in their lifetime, the percentage of individuals who have not seen a dentist in over two years has increased in several groups, such as females, those with an average age of fifty or older, and those with either high school or less education or some college or an Associate's



Graph 11: Average Percentage of Residents in Meriden, CT Who Have Not Seen a Dentist in Over Two Years (DataHaven & Siena College Institute, 2019)

Degree. The most striking change was a 16% increase in individuals with an income of less than \$30,000 (DataHaven & Siena College Institute, 2019).

Opioids

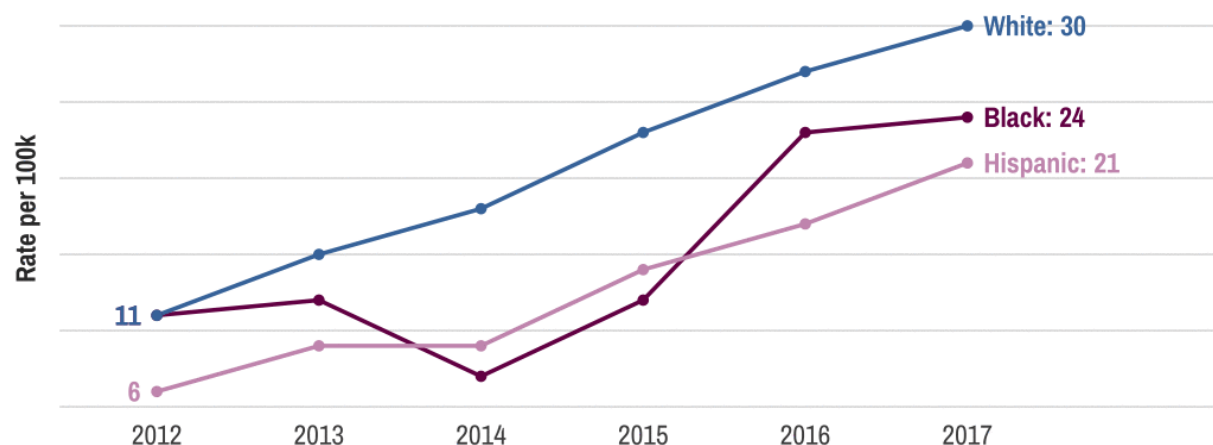
Opioids are a class of drugs that include heroin, fentanyl, and prescription pain relievers like oxycodone, hydrocodone, codeine, morphine, and more (City of Meriden Department of Health and Human Services, 2019). Approximately 2.1 million people in the United States have an opioid use disorder, and over 130 people die each day as a result of opioid-related drug overdoses. The opioid epidemic and its consequences led to what is known as the opioid crisis (US DHHS, 2019). In 2018, 1,017 residents in Connecticut died of an opioid overdose. 21 of these deaths were Meriden residents (City of Meriden Department of Health and Human Services, 2019).

In order to help combat the opioid crisis, the Meriden Opioid Referral for Recovery (MORR) program was developed. This is a 4-year federal grant (2018-2022) through the Substance Abuse and Mental Health Services Administration (SAMHSA). First responders (Meriden Police and Fire) are provided with Narcan, a product that is designed to reverse opioid overdoses. The first responders make a referral of individuals who have had an overdose reversed or a suspected substance abuse problem to Rushford staff who will help guide the individual toward recovery. The increase in case management shows promising results in aiding individuals struggling with substance abuse (Rushford, 2019). This program also has an extensive prevention and education component.

MidState Medical Center also provides recovery coaches for individuals who have sought or received care for a substance use disorder. Recovery coaches aid the individual in the emergency room, drive them to appointments, and provide other forms of support as needed. The coaches have had previous experience with substance use which helps them relate to their patients and build trust. Since the beginning of the program, over 900 patients, or 97% of individuals requiring services, have been successfully linked to additional care (MidState Medical Center, 2018).

Overdose death rates have more than doubled for all racial groups

Opioid overdose death rates per 100,000 residents by race, Connecticut, 2012-2017



Graph and analysis by Camille Seaberry and Josephine Ankrah, MPH, DataHaven
Data provided by CT Office of the Chief Medical Examiner
'Other' races not included in chart

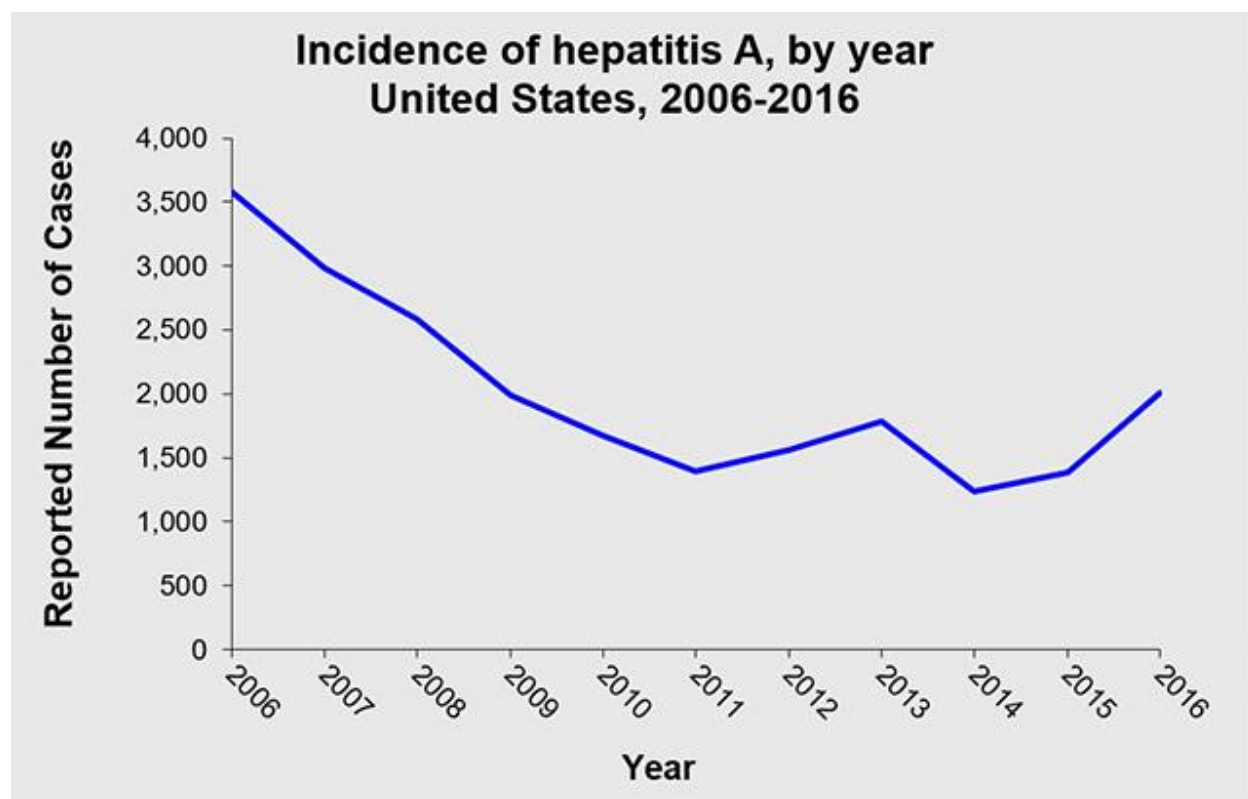
DataHaven

Graph 12: Overdose death rates by racial group in Connecticut (Ankrah, 2018)

Hepatitis A

Hepatitis A is a type of inflammation of the liver that is caused by a virus. Individuals can contract the virus by ingesting contaminated food or water, through the fecal-oral route from caregiving or improper handwashing, or sexual contact with someone who is infected. While anyone can contract Hepatitis A, certain groups are at higher risk, such as recreational drug users (whether intravenous or not), people who are caregivers of someone with hepatitis A, people who come into direct contact with someone who is infected such as through sexual contact, men who have sex with men, or have clotting disorders such as hemophilia (Centers for Disease Control and Prevention, 2019).

Some states have reported outbreaks of the Hepatitis A virus. While Connecticut does not currently have an active outbreak of Hepatitis A, the state is taking action to prevent one from occurring. The Commissioner of Connecticut's Department of Public Health has urged local health departments to begin vaccinating high-risk populations, such as those who use recreational drugs and those who are homeless. The MDHHS has started a vaccine initiative to prevent Hepatitis A in these populations. With the aid of community partners, MDHSS has started to vaccinate at-risk individuals at no cost. While the goal will be to ensure each individual receives two doses of the vaccine, even one dose can provide up to fifteen years of prevention. The Hepatitis B vaccine is also provided (Denya, 2018). See Appendix G for more information on the incidence of Hepatitis A compared to *Healthy People 2020's* national goal.



Graph 13: Incidence of Hepatitis A by year in the United States from 2006-2016 (Centers for Disease Control and Prevention, 2019)

Stakeholder Interviews: Summary of Common Themes

This section notes questions asked to community partners during the interview process and a summary of the common themes present for each question.

Question: What do you believe are the 2-3 most important characteristics of a healthy community?

- Established, safe, affordable, accessible housing was a common theme and was considered a major contributor to health outcomes. Healthy, clean, adequate homes can improve health outcomes.
- Readily accessible medical services and medical professionals is an important characteristic of a healthy community. Individuals should not have to wait several weeks to obtain an appointment with a provider because this may drive visits to the emergency room or a walk-in clinic. Occasionally people do not know whether they should visit the emergency room.
- Having transportation was another main theme in almost every interview. Transportation services in Meriden are sometimes inadequate and leave individuals without a reliable way to access care.
- Access to nutritious food is essential in a healthy community. Many individuals are food insecure and do not have access to food. They may not be aware of resources available

to them and may also gravitate to unhealthy food options because these are more affordable.

- Healthcare literacy is crucial so people can understand what care is being provided to them and why, and so they can make the health decisions that are appropriate for them.
- Having community and social supports improves the quality of life in a community. People need to know where to go to have positive social interactions.
- A healthy community involves good communication and distribution of available resources.
- A healthy community is an engaged community.

Question: What do you believe is keeping our community from doing what needs to be done to improve health and the quality of life?

- Lack of support may prevent people from getting the “push” they need to seek care.
- Lack of transportation can be problematic for community members.
 - Many individuals do not own their own vehicles.
 - Public buses only run until 5PM, and people may live too far away from the bus routes. Additionally, other individuals may feel unable to, unsafe, or uncomfortable with using public transportation such as buses
- Being uninsured/underinsured prevents individuals from improving their health.
 - Paying for insurance, copays, and premiums can feel impossible for someone on a fixed income. They may be hesitant to take an ambulance due to the large bill.
- Some community organizations work in a silo instead of coming together to help improve the wellness in Meriden. They also may focus on specific diseases, conditions, or problems instead of the bigger picture. It can be difficult to navigate who runs what program when there is not enough communication. Therefore, there needs to be a greater coordination of efforts between existing agencies. When agencies work together, the amount they can achieve increases. It is also essential for these agencies to work with the community to identify needs and solve problems.
- Lack of time and resources can prevent collaboration. Many organizations are reliant on grant funding. Programs need to be sustainable, even after grant funding has gone. You also need community involvement.
- Politics may impact the community because both sides may not agree on what the priorities are and how to meet goals.
- Some of the new housing may not benefit those who most need it in the community and still may not be affordable to all.

Question: What actions, policy, or funding priorities would you support to build a healthier community?

- Promote healthcare and make people aware of what programs are available so they do not go underutilized due to lack of awareness. Make sure people are aware of what services they are eligible for. Therefore, organizations should work on community outreach to ensure people are aware of their programs. Also ensure care providers are linking their patients to needed resources.
- Explain and describe people's insurance benefits to insure they understand their benefits and what they are getting. Additionally, advocate for the protection of preexisting conditions when purchasing insurance and provide community-based navigators to aid people in enrolling in insurance that is appropriate for them.
- Create medical transportation services for those who are not seniors or disabled to make sure everyone can access healthcare.
- Providing advocates, support workers, and/or community health workers to give people a "push" in the right direction, to help them navigate the healthcare system, and connect them with service. This can greatly improve health outcomes.
- Promote programs that improve health literacy so individuals understand what care they are getting and why, and so they can make the medical decisions that are appropriate for them.
- Organizations and other agencies in Meriden should meet regularly in order to discuss what is happening in the city, what the needs are, what services are being provided, make everyone aware of what resources are available, what partnerships may be formed, and engage community stakeholders to discuss what the community's needs are and what can be done. Funding should be provided to promote collaboration and community engagement.
- Ensure access to affordable, adequate housing for everyone, but also senior housing and transitional living.
- Support policies that protect the rights of key populations. Additionally, promote trainings for health care providers and community organizations that promote cultural competency and understanding of key populations.
- Engage the faith communities. These communities are already involved in work in the city and can be an asset.
- Promote the use of telehealth as a valid method of care.
- Develop expanded questionnaires for use at appointments that get to the root of patient needs.
- Develop an information package that can be provided to new residents containing a list of resources and steps to finding a healthcare provider and enrolling in insurance.

Question: Do you feel as if our residents are satisfied with the quality of life in our community?

- The general consensus is that this depends on who you talk to and how the individual defines quality of life.
- Quality of life transcends socioeconomic status.
- One community partner said that people may not be satisfied with the quality of life in the community due to the lack of affordable housing and the criteria of who can receive this affordable housing. For example, people who have felonies are not eligible for this housing. Other individuals may struggle to find full-time employment with benefits.
- Another community partner said that people may not be satisfied with the quality of life in the community due to a lack of education surrounding certain topics such as leading a healthy lifestyle and dealing with trauma.
- There is a stigma surrounding Meriden where it is seen as a tough community, even though people are friendly.
- One positive about quality of life in the city is that we have numerous health resources for people.
- Meriden schools are good and there are community assets such as Meriden Green, Hubbard Park, and other parks. However, more affordable activities for children and families may be beneficial.

Question: Are you satisfied with the healthcare system in the community?

- One community partner stated that she is not satisfied with the healthcare system in the community because many health insurance plans are inadequate. Many plans are basic and don't cover services such as dental coverage, mental health, or substance abuse treatment. The quality of services varies under some insurance plans as well.
- Another community partner stated that there can be challenges with the healthcare system. Language barriers, mental health issues, or physical health issues can make it difficult for individuals to get in touch with the healthcare system. Individuals who have not had positive experiences may feel alienated and not return for follow up care.
- The healthcare system must be more consumer friendly and healthcare workers must be approachable.
- First responders such as police, fire, and ambulance services are very involved in the community. They get to know community members and tend to have empathy towards people, even if they are frequent users of their services. They understand that sometimes people are trying to get answers and treat them with compassion and understanding. Sometimes first responders even refer individuals to the community partners for further assistance.
- We have many healthcare resources such as MidState, walk-in clinics, the Community Health Center, primary care providers, and others. The Community Care Team was

developed to discuss people who frequently visit the emergency room and how they can best be helped.

Question: Do you feel our residents feel our community is a safe place to live?

- It depends on who you ask and on where you live in the community.
 - Some areas like South Meriden or the East Side are considered “safe areas.” Many people in downtown Meriden may feel unsafe.
 - People who have lived in Meriden for a long time may feel safe. Some people grew up to be unafraid while others grew up to be fearful.
 - Several segments of the community are fearful. One rising concern is the homeless population that panhandles for money.
 - The Council of Neighborhoods makes sure there is a police presence in areas of concern.
 - There is a lot of negative news publicity surrounding Meriden.

Question: Are there any populations that you feel have access to care issues in our community?

- Those who are uninsured or underinsured may avoid going to the doctor because they cannot pay for the costs.
- Those who are undocumented may feel fearful about going to the ER or medical providers. They may also be ineligible for some services because they need documentation and a Social Security Number. Many organizations try to aid these individuals whenever possible by linking them to the services they can and by providing their services on a sliding scale. Since those who are undocumented generally lack health insurance, they may have difficulties accessing care and may have serious health issues.
- Racial and ethnic minorities or those who have different languages and cultures may have issues accessing care due to the cultural competency of the provider.
- Migrant and seasonal farmworkers may have access to care issues.
- Those who do not have adequate transportation may have issues making it to appointments or accessing other services. They also may not be aware of transportation services that can help them.
- People with chronic mental and physical conditions, those with disabilities, or who struggle with substance abuse may have difficulty with accessing care.
- Those living in low- to moderate-income neighborhoods may have access to care issues.
- Seniors may have access to care issues.
- The homeless population may have issues with access to care.
- Members of the LGBTQ+ population may have access to care issues.

Question: What factors do you feel are a barrier to access to care?

- Inadequate transportation is a major barrier to access to care.
 - Public buses only run until 5PM, so individuals who have later appointments may not be able to get to them by bus. Individuals may live too far away from the routes or not feel able to take a bus. It can also be complicated to travel to out of town appointments by bus.
 - Medicaid has a transportation system for their clients, but they must provide advanced notice. Therefore, these individuals may not be able to make it to emergency appointments.
- Most of the walk-in clinics are not open 24 hours, so if someone has a health issue after-hours, they may have to use the emergency room. Many medical providers are also only available between 9-5.
- Being uninsured/underinsured is a barrier to access to care because these individuals may not be able to afford copays or the costs that accrue from seeking care. They may not be able to afford medications as well and skip taking their prescription medications to make them last longer.
- Having mental health issues can pose a challenge because these issues can make it difficult for individuals to get adequate help and seek care. These individuals may not remember appointments or know they need to seek care, and they may lack support from family members, friends, and the community.
- Language can be a barrier. While many organizations provide services in Spanish, there are a large number of individuals in Meriden who speak other languages, such as Polish, and require translators. Going along with this, cultural differences may stigmatize seeking help or change the type of help they receive. Other cultures may not provide more information than what is asked of them and therefore important health information goes undocumented.
- Healthcare illiteracy can make it difficult for people to access appropriate care. Additionally, digital literacy is important in this day and age. Technology is used for a variety of purposes such as online medical records and the sharing of health information and people need to know how to access this. Literacy in general makes a big difference on whether or not someone is able to access care.
- Individuals may lack awareness about certain programs and services and therefore need to be educated.
- If an individual does not have adequate housing, they may lack stability and therefore other issues such as healthcare may fall by the wayside.
- Some individuals are caregivers to children or their parents. They then may not have the time or resources to prioritize their own care.
- People who are low-income have barriers to access.

- People may feel as if they are not being listened to by their providers, which can cause them to be alienated. There is sometimes a lack of communication between patient and provider.

Question: From the list below what do you think are the THREE behaviors that have the greatest impact on overall health of people in Meriden?

- Drug abuse has a great impact on the overall health of people in Meriden. There is an opioid crisis, both in Meriden and Connecticut as a whole. It can be difficult to assist these individuals and link them to needed services.
- Alcohol abuse also has a great impact on overall health in Meriden.
- Tobacco use has an impact on overall health in Meriden.
- Not exercising and eating unhealthy food contribute to a wide range of health problems. There is a barrier to accessing healthy food.
- Racism can be problematic.
- Not getting immunizations or shots to prevent disease can lead to people developing preventable illnesses.
- Dropping out of school has an impact on health outcomes.

Question: What do you think are the most pressing health problems in your community?

- The ability to pay for care is a pressing health problem in the community.
- The cost of healthcare ties into the ability to pay for care.
- Lack of health insurance is an issue. Health insurance may be limited, or people may not be able to pay for it at all.
- Prescription medications are too expensive so individuals may be unable to pay for them.
- Lack of dental care can be a problem because not all insurance plans cover dental care. For instance, Medicare does not offer dental coverage.
- Drug abuse, both prescription and legal, is an issue in Meriden and Connecticut as a whole.
- Tobacco use among adults and teenagers is a pressing health issue. Strides have been made with policies such as *Tobacco 21*, but more work needs to be done.
- Mental health is a pressing health problem in the community.
- Obesity in adults, children, and teenagers can cause a wide range of health problems.
- Alcohol use is an issue in Meriden and Connecticut.
- Child abuse and domestic violence are an issue in Meriden.

Question: What medical or health education services are most needed in your community?

- Alcohol and drug abuse services are limited in the community.

- Counselling and mental health services are limited in the community. In addition, more education surrounding stress management can be helpful.
- Adult primary care services: Doctors and specialists that take Medicaid are sometimes difficult to access. It was difficult for some community partners to refer their clients to primary care providers or specialists because these providers were not taking on new patients. Reimbursement rates for Medicaid patients are lower than for those on private insurance.
- Diet and exercise services are needed in the community. Not all providers have nutritionists available and therefore they may refer their patients elsewhere. Many times, these nutritionists are not in Meriden and therefore inaccessible to a large amount of people.
- Smoking cessation or prevention programs can help people improve their health. Additionally, more resources can be provided to help prevent adults and teenagers from vaping.
- There needs to be more quality dental services for those who are uninsured or underinsured.
- There is a need for advocates, support workers, and/or community health workers to give people a “push” in the right direction, to help them navigate the healthcare system, and connect them with service. This can greatly improve health outcomes.
- Child abuse/family violence education and services are needed in Meriden.
- Women’s services, such as obstetrics/gynecological services are needed in Meriden.

Recommendations

It is important to use best practices when implementing programs and interventions that aim to improve health outcomes. Best practices are defined as “well-established programs proven to be effective through rigorous evaluations (Ng & de Colombani, 2017).” It is also essential to use evidence-based interventions. These programs have evidence that indicates that they are successful. The use of best practices allows organizations to implement programs and services within their community without starting from the ground up (Ng & de Colombani, 2017).

The following is a list of recommendations that can be followed to improve health equity in Meriden:

Recommendation	Possible steps
Building an adequate public health workforce: Ensure public health practitioners are educated about health equity.	<ul style="list-style-type: none"> • Encourage public health practitioners to complete NACCHO’s <i>Roots of Health Inequity</i> course in order to learn more about the root causes of health inequity and strategies to take action on these root causes (NACCHO, 2019)

	<ul style="list-style-type: none"> • Conduct trainings focused on key populations. For example, conduct Safe Zone training to better work with the LGBTQ+ community (Killermann & Bolger, n.d.). • Conduct trainings on trauma-informed care (SAMHSA-HRSA, n.d.). • Participate in free professional development trainings, such as those offered through CT Train. • Ensure healthcare providers meet CLAS standards.
Involve community stakeholders through partnerships	<ul style="list-style-type: none"> • Develop community partnerships between entities with similar goals and objectives to combine resources and make a greater impact. • Ensure impacted community members are also engaged in decision-making, program development, and other processes related to improving their health (Human Impact Partners, 2018).
Ensure all individuals have access to appropriate health care and education	<ul style="list-style-type: none"> • Ensure all health materials are culturally tailored and written in the individual's native language (Schoonover, 2018). • Provide access to Community Health Workers that can build a rapport with individuals and aid them in accessing care and improving their health. • When people move into affordable housing units, provide them with a "welcome package" that contains resources such as how to find a primary care provider and what services are available. • Encourage the use of telehealth as an appropriate means of seeking healthcare. • Develop expanded healthcare intake questionnaires to ensure individuals' needs are met and to better link them to available services (Postman, n.d.).
Transportation: Improve the bus system to meet the needs of more individuals.	<ul style="list-style-type: none"> • Advocate for policies that extend service hours past 5:00pm. • Create an app or website that allows users to track the bus schedule and locations in real time. Model this after other cities, such as Bridgeport, CT (Greater Bridgeport Transit, 2019). • Evaluate the bus routes to determine where changes can be made for efficiency. For example, servicing a more

	populated street may allow more individuals to access services.
Food/Diabetes/Obesity: Create programming designed to provide access to nutritious foods and teach people ways to cook them.	<ul style="list-style-type: none"> • Expand upon preexisting community gardens by providing individuals with seeds and a space to plant fruits and vegetables that can then be consumed. Base programs off of those that have been successful in other locations, such as New Haven Farms' Farm-Based Wellness Program (New Haven Farms, n.d.).
Obesity: Work with the community to reduce childhood obesity and empower families to make positive health and wellness choices.	<ul style="list-style-type: none"> • Evaluate our achievement of program goals related to the former <i>Let's Move!</i> Cities, Towns, and Counties program to encourage sustained success and make improvements where needed (National League of Cities, n.d.). • Encourage more faith-based and neighborhood organizations to empower people to improve their health and the health of the children of Meriden.

Community Resources and Potential Partners

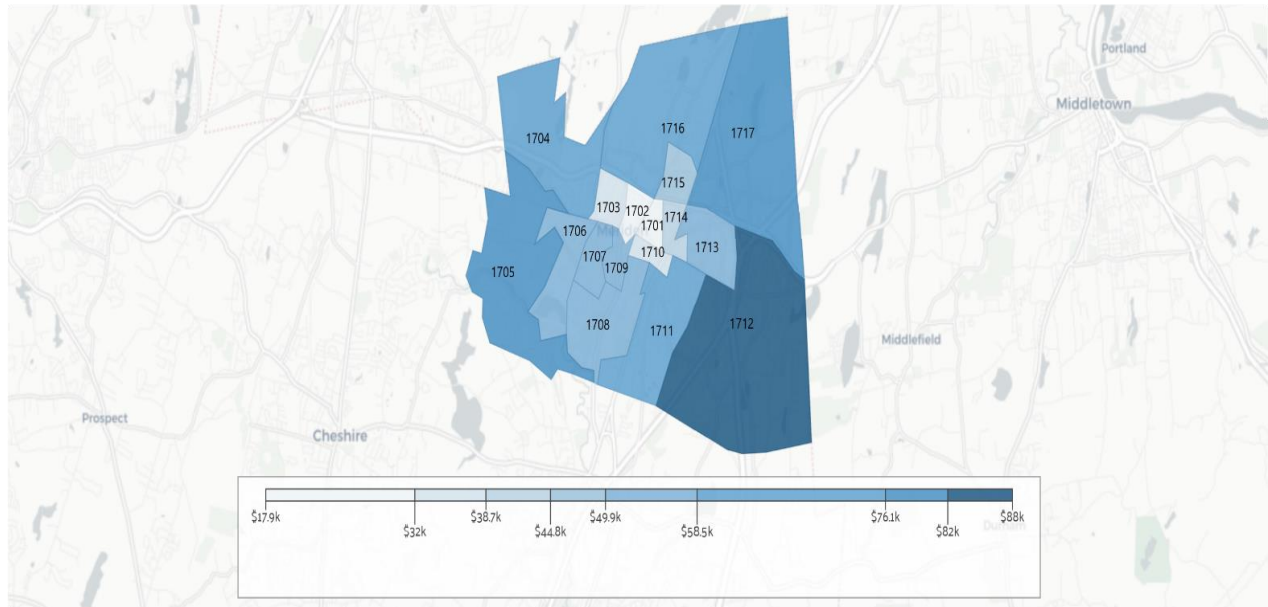
Below is a list of potential resources and partners that can be used to promote health and equity within the community:

<ul style="list-style-type: none"> • City of Meriden Department of Health and Human Services • Meriden Senior Center • Meriden WIC • Meriden Board of Education • Meriden Building Department • Meriden Housing Authority • Meriden Public Library • Meriden Parks & Recreation • Meriden Transit Department • MidState Medical Center • Rushford • MidState Chamber of Commerce • Masonicare • Gaylord Specialty Healthcare • Community Health Center • Meriden physicians • School nurses • Hunter's Ambulance • Meriden Police & Fire Departments • Roadway of Hope CT • Meriden Soup Kitchen • Meriden Clergy Association • Meriden Lion's Club • Kiwanis Club of Meriden • American Legion Post #45 • Connecticut Junior Republic 	<ul style="list-style-type: none"> • United Way of Meriden-Wallingford • Meriden-Wallingford Chrysalis • Women's & Families Center • Planned Parenthood • Council of Neighborhoods • Child Guidance Center for Central Connecticut • Meriden Children First • Meriden YMCA • Boys & Girls Club of Meriden • Girls Incorporated of Meriden • Meriden Healthy Youth Coalition • Connecticut Coalition to End Homelessness • New Opportunities of Greater Meriden • ShelterNOW • Meriden/Wallingford NAACP • Casa Boricua • Hispanic Health Council • Connecticut Department of Transportation • Access Health CT • Universal Health Care Foundation of Connecticut
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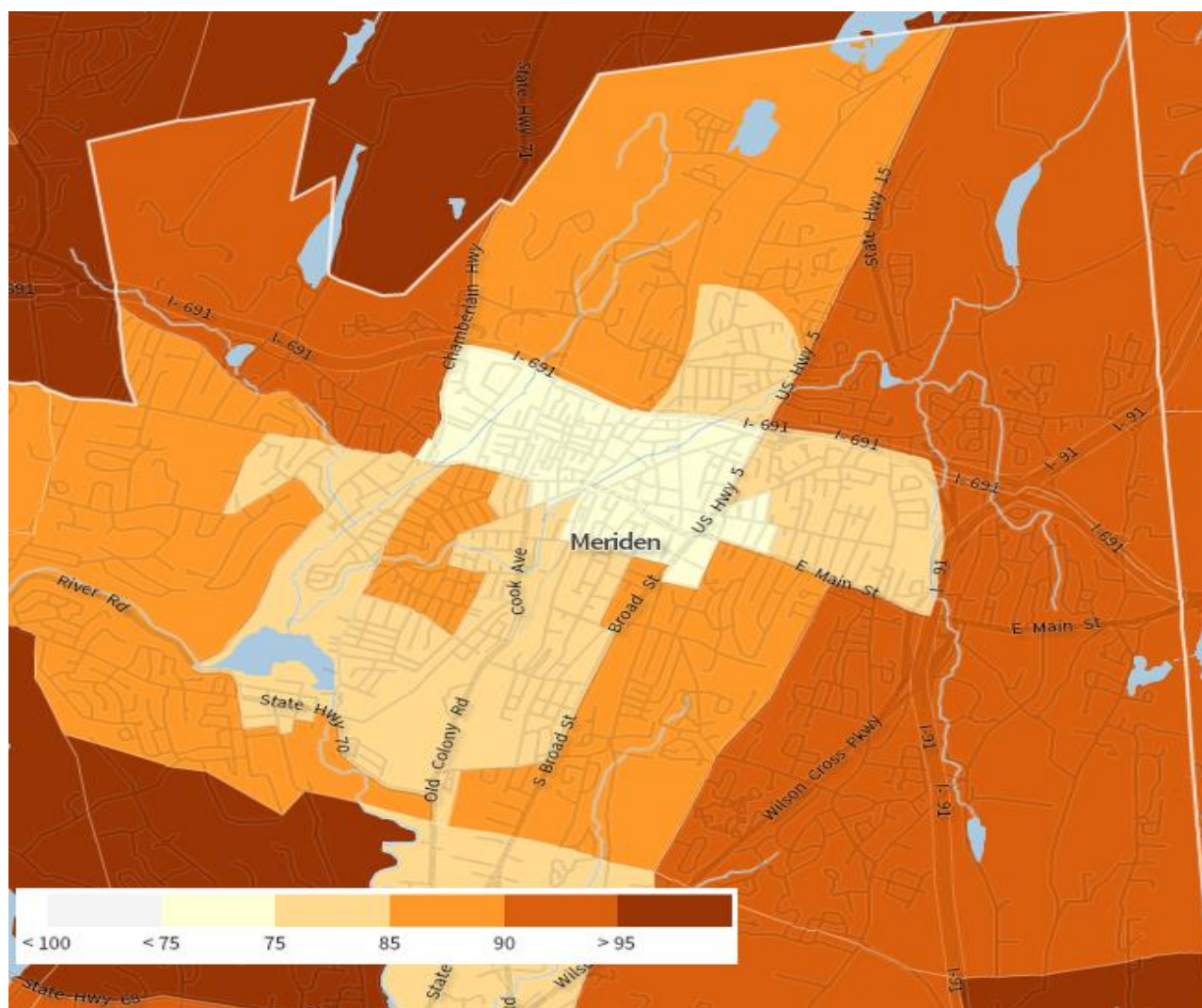
Appendix A: Income by Census Tract in Meriden, CT (DataUSA, 2017)

Income by Location in Meriden, Ct

The closest comparable data for the census place of Meriden, CT is from the public use microdata area of Meriden, Wallingford & North Haven Towns PUMA, CT.



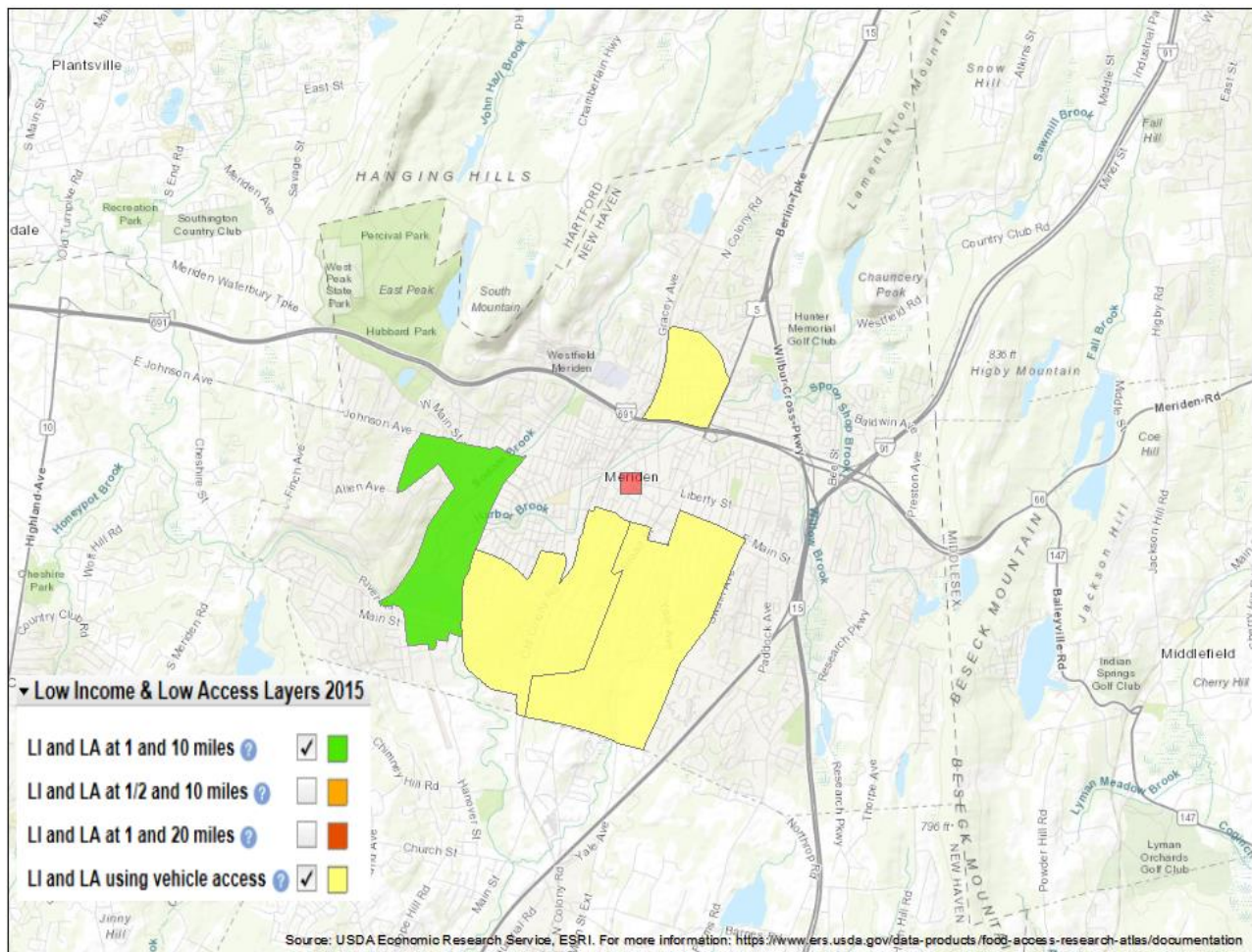
Appendix B: High School Graduate or More by Census Tract in Meriden, CT (United States Census Bureau, 2017)



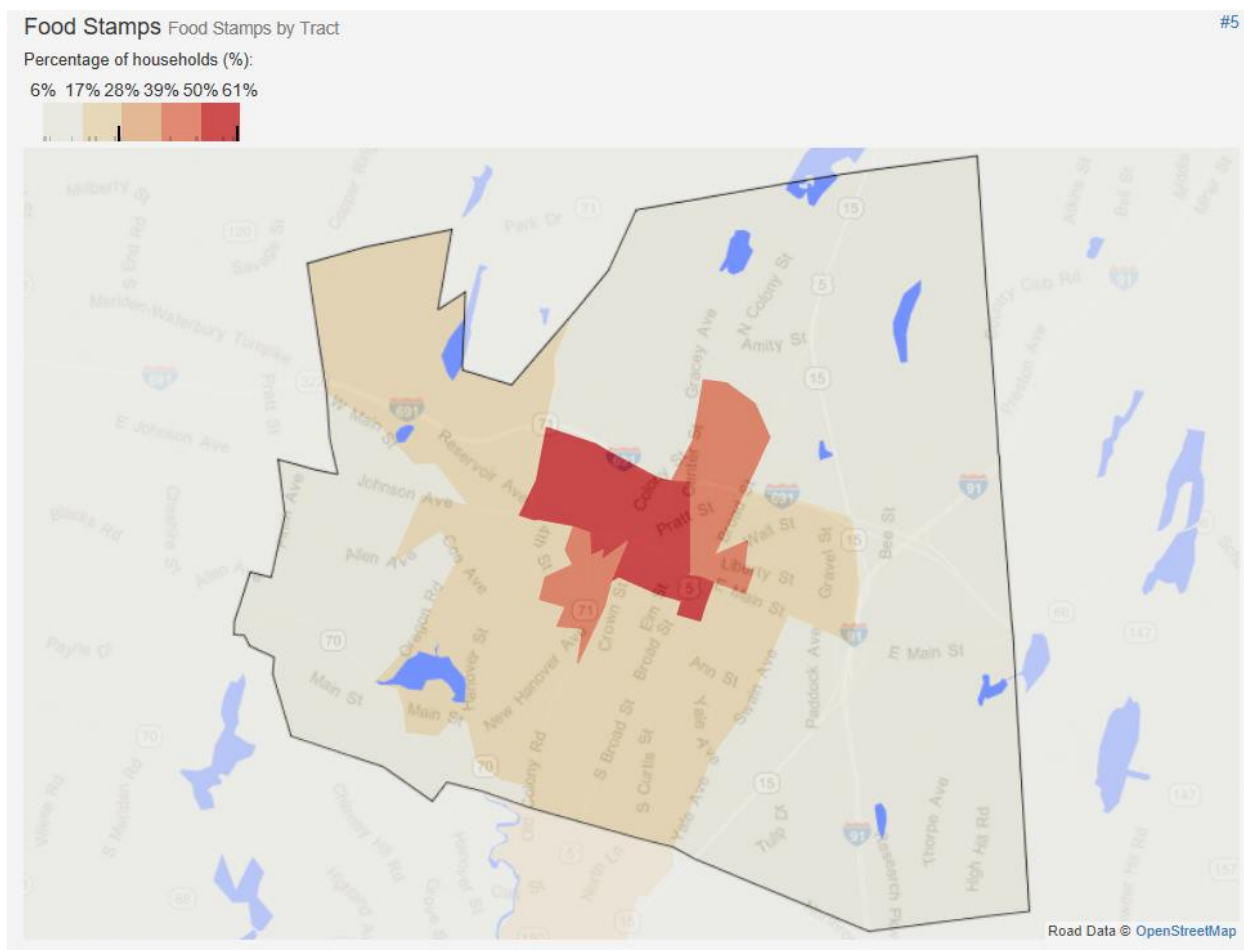
Appendix C: Low Income and Low Access to Food Areas by Census Tract in Meriden, CT in 2015 (United States Department of Agriculture, 2017)

Yellow areas indicate locations where over 100 households do not own a vehicle and are more than ½ mile away from the nearest supermarket.

Green areas indicate locations with a substantial number of residents who are more than 1 mile away from the nearest supermarket.



Appendix D: Map of Food Stamps by Tract in Meriden (Statistical Atlas, 2018)



Appendix E: Example of Health Equity (Robert Wood Johnson Foundation, 2017)

Equality



Equity



Igualdad

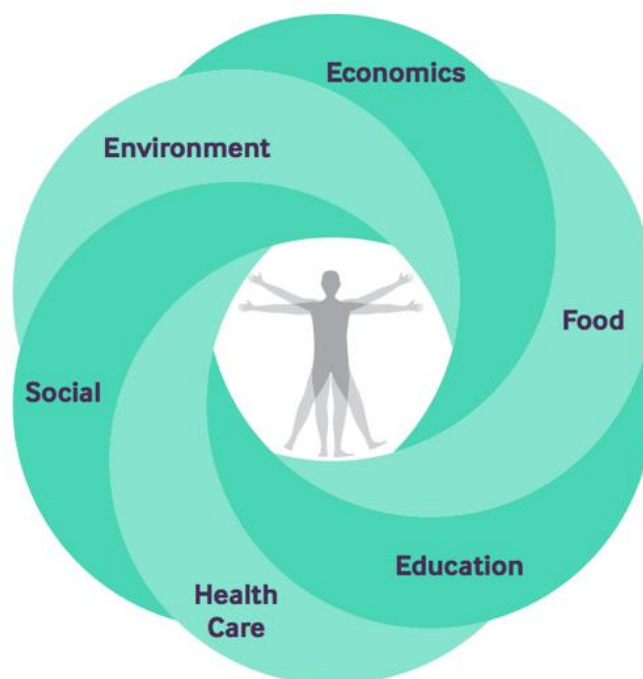


Equidad



Appendix F: Social Determinants of Health (Massachusetts Medical Society, 2017)

Social Determinants of Health



NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Appendix G: State Acute Hepatitis A Incidence Compared to Healthy People 2020 National Goal (Centers for Disease Control and Prevention, 2018)

Map 2.1 State Acute Hepatitis A Incidence Compared to Healthy People 2020 National Goal*
United States, 2016



Source: CDC, National Notifiable Diseases Surveillance System (NNDSS)

*National goal: 0.3 cases/100,000 population

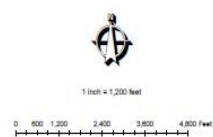
Appendix H: Arrests in Meriden, CT in 2017 by Offense (Federal Bureau of Investigation, 2017)

Arrests in Meriden in 2017 by Offense	
Offenses - Meriden	Number of Arrests
Aggravated Assault	56
All Other Offenses (Except Traffic)	746
Arson	2
Burglary	37
Curfew and Loitering Law Violations	0
Disorderly Conduct	160
Driving Under the Influence	100
Drug Abuse Violations - Grand Total	213
Drunkenness	0
Embezzlement	0
Forgery and Counterfeiting	3
Fraud	8
Gambling - Total	0
Human Trafficking - Commercial Sex Acts	0
Human Trafficking - Involuntary Servitude	0
Larceny - Theft	212
Liquor Laws	4
Manslaughter by Negligence	0
Motor Vehicle Theft	0
Murder and Non-negligent Manslaughter	1
Offenses Against the Family and Children	23
Prostitution and Commercialized Vice	8
Rape	5
Robbery	27
Sex Offenses (Except Rape, and Prostitution and Commercialized Vice)	9
Simple Assault	754
Stolen Property: Buying, Receiving, Possessing	4
Suspicion	0
Vagrancy	0
Vandalism	85
Weapons: Carrying, Possessing, Etc.	21
Total	2478

Appendix I – Community Resource Mapping on GIS

Below is a map of the community resources in Meriden, Connecticut in each census tract.

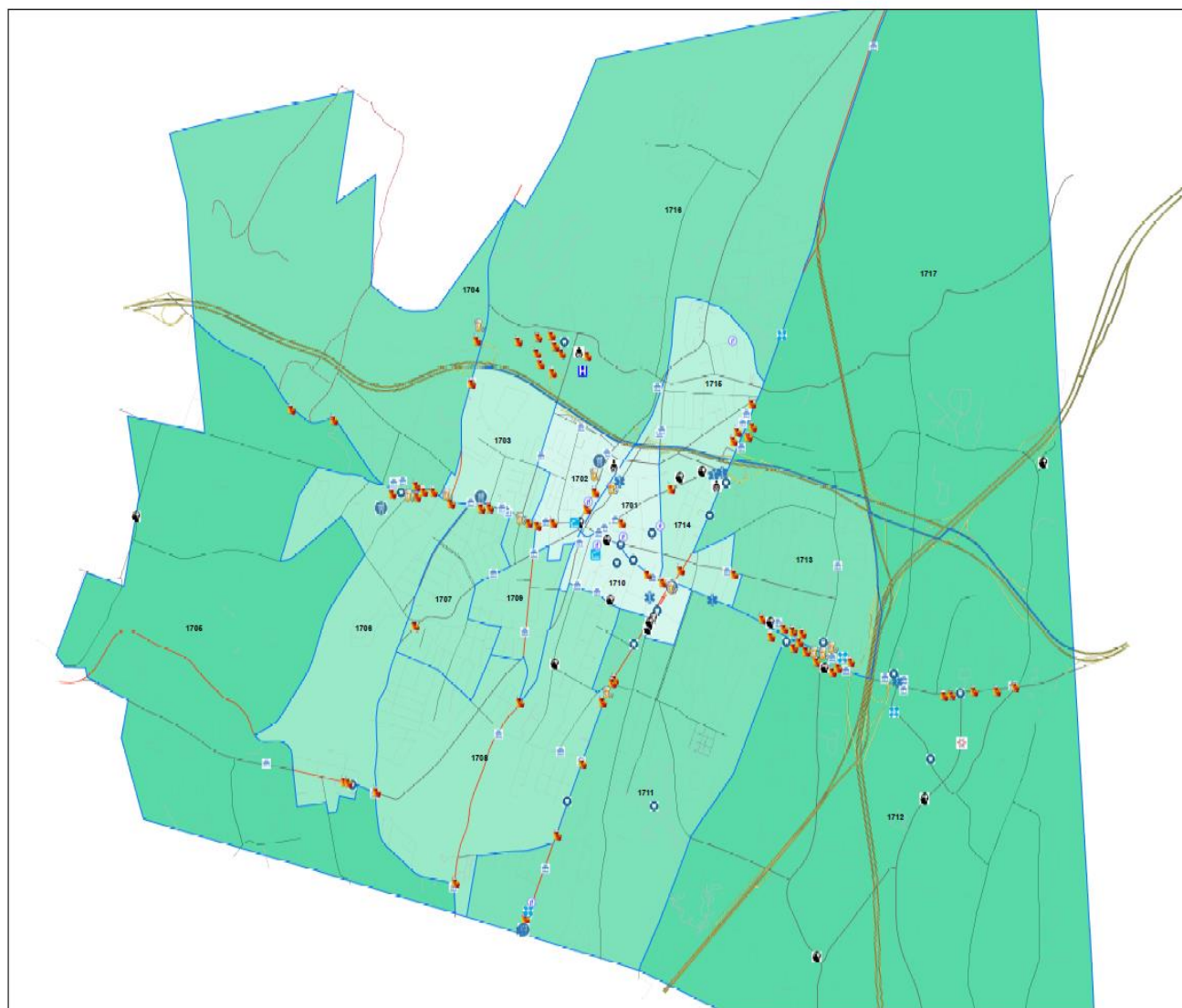
City of Meriden, CT
Community Resources Map



JULY 2019



Keywords: child sexual abuse; disclosure; self-blame



Appendix J – Count of Resources by Census Tract

The following is a count of Meriden's resources by census tract.

Census Tract	Resource Type	Count of Resource
1701	CONVENIENCE STORE	3
1701	DENTIST	3
1701	FAST FOOD	1
1701	FOOD PANTRY	2
1701	HEALTHCARE PROVIDER	1
1701	PHARMACY	1
1702	CONVENIENCE STORE	5
1702	FAST FOOD	4
1702	FOOD PANTRY	1
1702	GROCERY STORE	1
1702	MENTAL HEALTH SERVICES	1
1702	PHARMACY	1
1702	REPRODUCTIVE HEALTH	1
1702	SHELTER	1
1703	CONVENIENCE STORE	4
1703	FAST FOOD	1
1703	GROCERY STORE	1
1703	PHARMACY	1
1704	CONVENIENCE STORE	2
1704	FAST FOOD	4
1704	PHARMACY	1
1705	CONVENIENCE STORE	3
1705	FAST FOOD	1
1705	MENTAL HEALTH SERVICES	1
1706	DENTIST	2
1706	FAST FOOD	6
1706	GROCERY STORE	1
1706	PHARMACY	1
1707	CONVENIENCE STORE	3
1707	FAST FOOD	3
1708	CONVENIENCE STORE	3
1708	DENTIST	1
1708	FAST FOOD	3
1708	MENTAL HEALTH SERVICES	2
1709	CONVENIENCE STORE	1
1709	FAST FOOD	2
1709	PHARMACY	1
1710	CONVENIENCE STORE	6
1710	DENTIST	5

1710	FAST FOOD	1
1710	FOOD PANTRY	1
1710	GROCERY STORE	1
1710	HEALTHCARE PROVIDER	1
1710	MENTAL HEALTH SERVICES	6
1710	PHARMACY	1
1710	SHELTER	1
1711	CONVENIENCE STORE	1
1711	DENTIST	8
1711	FAST FOOD	9
1711	FOOD PANTRY	1
1711	GROCERY STORE	1
1711	HEALTHCARE PROVIDER	2
1711	HOSPITAL OR WALK-IN CLINIC	1
1711	PHARMACY	1
1712	CONVENIENCE STORE	5
1712	DENTIST	4
1712	FAMILY HEALTH & WELLNESS	1
1712	FAST FOOD	12
1712	HEALTHCARE PROVIDER	1
1712	HOSPITAL OR WALK-IN CLINIC	1
1712	MENTAL HEALTH SERVICES	3
1712	PHARMACY	1
1713	CONVENIENCE STORE	3
1713	DENTIST	4
1713	FAST FOOD	6
1713	HOSPITAL OR WALK-IN CLINIC	1
1713	MENTAL HEALTH SERVICES	1
1713	PHARMACY	2
1714	CONVENIENCE STORE	2
1714	FAST FOOD	4
1714	HEALTHCARE PROVIDER	1
1714	MENTAL HEALTH SERVICES	1
1714	REPRODUCTIVE HEALTH	1
1715	CONVENIENCE STORE	4
1715	FAST FOOD	3
1715	FOOD PANTRY	1
1716	CONVENIENCE STORE	1
1716	DENTIST	1
1716	FAST FOOD	9
1716	HOSPITAL	1
1716	REPRODUCTIVE HEALTH	1
1717	CONVENIENCE STORE	2

1717	FAST FOOD	2
1717	HOSPITAL OR WALK-IN CLINIC	1
1717	MENTAL HEALTH SERVICES	1

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